

Please Type or Print Using Black ink. See Reverse Side for Instructions on completing form.

**NEW YORK STATE/COUNCIL 82
OUT-OF-TITLE WORK
GRIEVANCE FORM**

Bargaining Unit:

Security Supervisors Unit

Date Submitted: _____

Grievant(s) Name		
Home Address		
Grievant(s) Title and Salary Grade		Line No.
Department/Facility	Division/Bureau/Region	Shift
Work Address		
Supervisor's Name and Title		

**STATEMENT OF FACTS
(USE ADDITIONAL SHEETS IF NECESSARY FOR QUESTIONS 1-4)**

1. Reason for Grievance:

a. Who directed you to perform these tasks, their name and title? _____

b. What caused this assignment, did someone get sick, go on leave, get reassigned? _____

c. Were you filling in for your supervisor, if so how often? _____

d. Were you performing all of the duties of your supervisor at that time? _____

e. Who supervised you when you performed these tasks (who did you report to)? _____

f. What title did you feel should normally be assigned these duties? _____

g. The date(s) of assignment, number of times, number of days, number of weeks. _____

2. Specific tasks performed which you believe to be out of title and approximate percentage of time spent on each:

NOTE: If duties are appropriate to your present job title, an out-of-title work grievance is not applicable, and this grievance form should not be used.

3. State the title and grade that you believe are more appropriately assigned these duties: _____

4. If relevant, list your supervisory responsibilities, along with the names and titles of staff supervised by you:

5. Specific Date(s) of Occurrence: _____
6. Remedy Sought: Compensation/Monetary Relief Cease and Desist
7. Signature of Aggrieved Employer or Union Officer & Title: _____

STEP 1 – FACILITY/REGIONAL LEVEL REVIEW

Date Grievance Received by Certified Mail	Date Decision Issued
Union File No.	Agency File No.

1. Facility/Regional Level Management Decision: _____

2. Facility/Regional Reviewer (Name): _____

STEP 2 – AGENCY LEVEL REVIEW

Date Grievance Received by Certified Mail:	Date Decision Issued:
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Agency Decision: _____

Agency Reviewer: _____

GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS (GOER) REVIEW (Step 3)

GOER File No. _____

All appeals to GOER must include a legible copy of the grievance form and agency opinion, and specific reasons for disagreement with step 2 decision.

Date Grievance Sent by Certified Mail: _____

Signature of Aggrieved Employee or Union Officer _____

NEW YORK STATE
OUT-OF-TITLE WORK GRIEVANCE
FORM INSTRUCTIONS

It is especially important for you to supply as much information as possible so that your grievance will not be delayed by a request for additional information.