

**State/CSEA
Article 24 Out-Of-Title Work Grievance Form**

This form may be completed by the grievant and/or CSEA. A grievance alleging out-of-title work is filed directly with the agency head or designee with a copy simultaneously filed with the facility or institution head or designee. All grievances, decisions, and appeals must be served in person or by certified mail, return receipt requested.

Bargaining Unit: ___ Administrative ___ Operational ___ Institutional ___ DMNA

Grievance Submitted By: ___ Individual(s) named below
 ___ CSEA on behalf of the individual(s) named below

Name(s): _____

Current Civil Service Title(s) (Do not use "in-house" title): _____

_____ Grade(s): _____

Department/Agency: _____

Facility and/or Work Location: _____

Shift: _____

Supervisor's Name, Civil Service Title: _____

_____ Supervisor's Grade: _____

Description of Alleged Out-of-Title Work Please fill this section in as completely as possible.

1. Specifically describe the alleged out-of-title tasks/duties you are performing with sufficient detail to provide a clear picture of the scope of those duties. Use a separate paragraph for each type of task/duty and estimate of the percent of time each week you spend on each task/duty. Include any/all supervisory tasks performed that are not appropriate to your current title. *Classification Standards and Performance Evaluations may be attached, but are not a substitute for a description of the specific duties you are actually performing. Attach additional sheets if needed.*

Description of Task/Duties	% of time each week

2. Date you began grieved duties: ___/___/___ If ended, date grieved duties ended: ___/___/___

3. What Civil Service title do you think should perform these duties? _____

_____ Grade: _____

4. Why are the grieved duties inappropriate for your current Civil Service Title? _____

5. Who assigned these duties to you? How were they assigned? If you have documentation, please attach.

6. If you know, what caused this assignment (e.g. sick leave, retirement, vacation, etc)? _____

7. Identify the title/grade of the supervisor(s) you report to when performing the grieved duties:

8. Identify the title(s)/grade(s) of the subordinate staff who report to you when performing the grieved duties:

9. Attachments. Please attach documents that support your claim of out-of-title work. Check all that you have attached:

___ Agency/Facility (in-house) job duties
___ Performance Evaluations

___ Agency memoranda, emails regarding duties
___ Other(Describe) _____

Date Submitted: _____

Aggrieved Employee/
Authorized Signature: _____

Agency-Level Decision (Step 2)

The Agency-Level Decision shall be issued no later than 20 calendar days following receipt of the grievance.

Date grievance was received (filing date): _____

Date Step 2 Decision was issued: _____

GOER File Number: _____

Agency Head/Designee: _____

GOER Appeal (Step 3)

Appeals to Step 3 may be submitted only by CSEA within 10 calendar days from the receipt of the Agency-level (Step 2) Decision.

Date of receipt of Step 2 Decision: _____

The Agency-Level Step 2 Decision is unsatisfactory.

Reason for disagreement with the Agency’s Step 2 Decision:

Date Submitted: _____

Authorized Signature: _____

GOER Decision (Step 3)

Date Decision was issued: _____

Director of the GOER/Designee: _____

GOER Appeal – Dispute of Facts (Step 3 1/2)

Appeals to Step 3 1/2 may be submitted only by CSEA when there exists a dispute of facts. The appeal must be submitted within 30 calendar days from the date of the GOER (Step 3) Decision and shall include documentation to support the factual allegations.

The Step 3 Decision is unsatisfactory.

Explain dispute of facts for reconsideration (Attach additional sheets if necessary): _____

Date Submitted: _____

Authorized Signature: _____

GOER Decision (Step 3 1/2)

Date Decision was Issued: _____

Director of the GOER/Designee: _____