

PROCESSED TO: (MSEA Use Only)

Step 1 Step 2

MICHIGAN STATE EMPLOYEES ASSOCIATION EMPLOYEE GRIEVANCE FORM

MSEA NUMBER (MSEA Use Only)

DEPARTMENT NUMBER (Department Use Only)

| | | | | |
|--|------------|--------------------------------|-------------------------|---------------|
| NAME (Print or Type) | | EMPLOYEE IDENTIFICATION NUMBER | CLASS/LEVEL | |
| ADDRESS | | CITY | STATE | ZIP CODE |
| HOME PHONE | WORK PHONE | DEPARTMENT/WORKSITE | | SHIFT (Hours) |
| IMMEDIATE SUPERVISOR | | | SUPERVISOR WORK PHONE | |
| CONTRACT ARTICLE(S), CIVIL SERVICE AND/OR DEPARTMENTAL RULE(S) POLICIES/REGULATION(S) CITED: | | | DATE OF EVENT/AWARENESS | |
| EMPLOYEE'S STATEMENT OF GRIEVANCE OR EMPLOYEE'S STATEMENT OF APPEAL TO HIGHER STEP: | | | | |

A JUST AND FAIR SOLUTION TO MY GRIEVANCE:

| | | |
|----------------------|-----------------------------|-------------------|
| GRIEVANT'S SIGNATURE | UNION REPRESENTATIVE'S NAME | DATE GIVEN/MAILED |
|----------------------|-----------------------------|-------------------|

| | |
|---------------|-------------------------------------|
| DATE RECEIVED | STEP _____ MANAGEMENT ANSWER |
|---------------|-------------------------------------|

| | | |
|---------------------|-----------------|----------------------|
| MANAGER'S SIGNATURE | MANAGER'S TITLE | RETURNED TO GRIEVANT |
|---------------------|-----------------|----------------------|

| | |
|----------------------|---|
| DATE RECEIVED | ANSWER <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> REJECTED |
| REASON FOR REJECTION | |

INSTRUCTIONS

NOTE: Complete online and print form or print blank form and complete using a ball point pen.

All grievances shall be presented promptly and no later than fifteen (15) week days from the date the grievant knew or could reasonably have known of the facts or the occurrence of the event giving rise to the alleged grievance.

WHO

DOES WHAT

Employee

Complete all items (except grievance numbers), on the top of the form, the "Employees Statement of Grievance" Section, and the "Just and Fair Solution" Section. Sign and date the form. Give the grievance to the designated Step 1 Employer Representative.

NOTE: A Grievance involving demotion, suspension or discharge may be appealed directly to Step 2 by forwarding the grievance form to the designated Step 2 Employer Representative.

Step 1 Employer Rep.

Sign/date the grievance form to indicate receipt. Obtain department/agency grievance number on the form where indicated.

Within ten (10) week days from the date of receipt:

- Schedule and conduct a Step 1 conference, including the Employee(s), and/or designated MSEA Representative at the initiative of the Employer Representative or in response to a request by the Employee(s) or MSEA.
- Return a written decision on the original grievance form to the Employee(s) and the MSEA Representative.

Employee

If not satisfied with the Step 1 answer, within ten (10) week days from the date of receipt of the decision from the Step 1 Employer Representative:

- Check "Rejected", complete the "Reason for Rejection" section and forward the grievance and Step 1 answer to the designated Step 2 Employer Representative.

Step 2 Employer Rep.

NOTE: The parties **may** meet to discuss the grievance at Step 2, but are **required** to meet and discuss disciplinary grievances involving a written reprimand, suspension, discharge, demotion, or less than satisfactory service rating.

Within fifteen (15) week days of date of receipt:

- Schedule and conduct Step 2 conference with the Employee(s) and MSEA Representative(s).
- Return a written decision and the original grievance form to the Employee(s) and the MSEA Representative(s).

Employee

Within then (10) week days from date of receipt, if not satisfied with Step 2 answer, contact your local steward or MSEA Central Office for further information.

***ALWAYS MAKE A NOTE OF THE DATE RECEIVED ON THE FORM.**