

COUNTY OF SANTA CRUZ
EMPLOYEE GRIEVANCE FORM
SHERIFF'S CORRECTIONAL OFFICER REPRESENTATION UNIT

GRIEVANCE NO. _____
(Management Representative
obtains from Personnel Dept)

TO BE COMPLETED BY EMPLOYEE - Use ink or typewriter

Name _____ Class Title _____

Department _____ Division or Unit _____

Grievance occurred: Date _____ Time _____ Location _____

When did you first learn of the issue on which you are filing the grievance _____

Informal attempt to resolve:

Grievance discussed with _____

(Name and title of employee's supervisor)

On (date) _____ at (time) _____.

What else have you done to resolve this grievance _____

Statement of grievance, clearly indicating what the problem is and how your wages, hours
or conditions of employment have been adversely affected: _____

Indicate Article or Section number and title which has been violated:

Memorandum of Understanding _____

Section 160 (Salary, Compensation & Leave Provisions) _____

Suggested corrective action _____

State who (if anyone) will represent you in this matter _____

| | | | |
|----------------------|-----------------------|---|-----------------------|
| Submitted to Step 1: | | Submitted to Step 3: | |
| Date submitted | Signature of Grievant | Date submitted | Signature of Grievant |
| Date received | Signature of Mgt Rep | Date received | Signature of Mgt Rep |
| Submitted to Step 2: | | FOR TIMELINES AND PROCEDURES, SEE MOU ARTICLE 26. Any mutual waiver of time limits should in writing & a copy attached to this form. | |
| Date submitted | Signature of Grievant | | |
| Date received | Signature of Mgt Rep | | |

PER 1305 2/93 (renumbered 9/94) Rev. for Intranet Use 10/22/02

DISTRIBUTION: Original to Management representative designated to hear grievances.

1 Copy - to Employee

1 Copy - to Personnel Department