

COUNTY OF SANTA CRUZ  
EMPLOYEE GRIEVANCE FORM  
GENERAL REPRESENTATION EXTRA HELP 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 \_\_\_\_\_

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

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

Memorandum of Understanding \_\_\_\_\_

Section 160 (Salary, Compensation & Leave Provisions) \_\_\_\_\_

Suggested corrective action \_\_\_\_\_

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

Step 1: Informal Grievance (no form required, per MOU)		Submitted to Step 3:	
Submitted to Step 2:		Date submitted	Signature of Grievant
Date submitted	Signature of Grievant	Date received	Signature of Mgt Rep
Date received	Signature of Mgt Rep	FOR TIMELINES AND PROCEDURES, SEE MOU ARTICLE 40. Any mutual waiver of time limits should in writing & a copy attached to this form.	

PER 1308 1/18

DISTRIBUTION: Original to Management representative designated to hear grievances.

1 Copy - to Employee

1 Copy - to Personnel Department