

COUNTY OF SANTA CRUZ
EMPLOYEE GRIEVANCE FORM
DEPUTY PROBATION OFFICER 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: Date submitted _____ Signature of Grievant _____ Date received _____ Signature of Mgt Rep _____ Submitted to Step 2: Date submitted _____ Signature of Grievant _____ Date received _____ Signature of Mgt Rep _____	Submitted to Step 3: Date submitted _____ Signature of Grievant _____ Date received _____ Signature of Mgt Rep _____ FOR TIMELINES AND PROCEDURES, SEE MOU ARTICLE 21. Any mutual waiver of time limits should in writing & a copy attached to this form.
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PER 1311 (1/12), for Intranet use 1/12 (renumbered 1/18)

DISTRIBUTION: Original to Management representative designated to hear grievances.

1 Copy - to Employee

1 Copy - to Personnel Department

1 Copy - to Deputy Probation Officer Unit