

**EMPLOYEE CONTRACT GRIEVANCE**

STD 630 (Rev 7/00)

BARGAINING UNIT NAME AND NUMBER (Grievant's Bargaining Unit)

**BU 19 - Health and Social Services/Professional**

GRIEVANT'S NAME (Person Effected)		HOME TELEPHONE NUMBER
MAILING ADDRESS (NUMBER/STREET)	(CITY)	(ZIP CODE)
DEPARTMENT	DIVISION OR FACILITY	SECTION, BRANCH, UNIT ETC.
POSITION CLASSIFICATION	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER

**REPRESENTATION INFORMATION (COMPLETE IF APPLICABLE)**

REPRESENTATIVE'S NAME	TELEPHONE NUMBER	ORGANIZATION OR AFFILIATION
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**TRACKING INFORMATION**

DEPARTMENTAL TRACKING NUMBER	DEPARTMENTAL SECOND TRACKING NUMBER	UNION TRACKING NUMBER
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***Please Refer to The Bargaining Unit Contract  
For Specific Information Regarding Employee  
Grievance Procedures and Time Frame Requirements for That Unit.***

**GRIEVANCE INFORMATION**

DATE OF ACTION CAUSING GRIEVANCE	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE
CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)		

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

SPECIFIC REMEDY SOUGHT

SIGNATURE OF GRIEVANT	DATE FILED
—	

**GRIEVANCE REVIEW--LEVEL I**

DATE RECEIVED	DATE OF RESPONSE	LEVEL I DECISION TO BE ENTERED BELOW	
SIGNATURE OF LEVEL I REVIEWER  —		PRINTED NAME AND TITLE	
TELEPHONE NUMBER		GRIEVANT'S SIGNATURE  —	DATE
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE SECOND REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE SECOND REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)		

REASON FOR APPEAL

**GRIEVANCE REVIEW--LEVEL II**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL II REVIEWER  —		PRINTED NAME AND TITLE	
TELEPHONE NUMBER		GRIEVANT'S SIGNATURE  —	DATE
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE THIRD REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE THIRD REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)		

REASON FOR APPEAL

**GRIEVANCE REVIEW--LEVEL III**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL III REVIEWER  —		PRINTED NAME AND TITLE	
TELEPHONE NUMBER		GRIEVANT'S SIGNATURE  —	DATE
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE FOURTH REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE FOURTH REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)		

REASON FOR APPEAL

**GRIEVANCE REVIEW--LEVEL IV**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL IV REVIEWER  —		PRINTED NAME AND TITLE	

