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| PROCESSED TO: |  | MSEA NUMBER (MSEA Use Only) |
| Step 1  Step 2 | **MICHIGAN STATE EMPLOYEES ASSOCIATION** |  |
|  | **EMPLOYEE GRIEVANCE FORM** | DEPARTMENT NUMBER (Department Use Only) |

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| --- | --- | --- | --- | --- | --- | --- |
| NAME (Print or Type) | | | EMPLOYEE I.D. NUMBER | | CLASS/LEVEL | |
| ADDRESS | | | CITY | | STATE  MI | 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 (Attach additional pages if needed; who, what, when, where, how, why, etc.), 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 | | |

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| --- | --- | --- | --- |
| DATE RECEIVED |  | | |
|  | **STEP MANAGEMENT ANSWER** | | |
|  | | | |
| MANAGER’S SIGNATURE | | MANAGER’S TITLE | RETURNED TO GRIEVANT |

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| --- | --- |
| DATE RECEIVED | ANSWER  ACCEPTABLE  REJECTED |
| REASON FOR REJECTION | |

OSE-19

November 2016

**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 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 and place on the form where indicated.

Within five (5) week days from the date of receipt:

* Schedule and conduct 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, with 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 a 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 ten (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.

November 2016