State/CSEA
Article 24 Out-Of-Title Work Grievance Form

This form may be completed by the grievant and/or CSEA. A grievance alleging out-of-title work is filed directly with the agency head or designee with a copy simultaneously filed with the facility or institution head or designee. All grievances, decisions, and appeals must be served in person or by certified mail, return receipt requested.

Bargaining Unit: ______ Administrative ______ Operational ______ Institutional ______ DMNA

Grievance Submitted By: _____ Individual(s) named below
_____ CSEA on behalf of the individual(s) named below

Name(s): ____________________________________________________________

Current Civil Service Title(s) (Do not use “in-house” title): ________________________________

_________________________ Grade(s): ________________________________

Department/Agency: ________________________________________________

Facility and/or Work Location: ____________________________________________

Shift: _______________________________________________________________

Supervisor’s Name, Civil Service Title: ________________________________

_________________________ Supervisor’s Grade: __________________________

**Description of Alleged Out-of-Title Work** Please fill this section in as completely as possible.

1. Specifically describe the alleged out-of-title tasks/duties you are performing with sufficient detail to provide a clear picture of the scope of those duties. Use a separate paragraph for each type of task/duty and estimate of the percent of time each week you spend on each task/duty. Include any/all supervisory tasks performed that are not appropriate to your current title. *Classification Standards and Performance Evaluations may be attached, but are not a substitute for a description of the specific duties you are actually performing. Attach additional sheets if needed.*

<table>
<thead>
<tr>
<th>Description of Task/Duties</th>
<th>% of time each week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Date you began grieved duties: _____ / _____ / _____ If ended, date grieved duties ended: _____ / _____ / _____
3. What Civil Service title do you think should perform these duties? ________________________________

_________________________________________ Grade: ________________________________

4. Why are the grieved duties inappropriate for your current Civil Service Title? ________________________________

_________________________________________ ________________________________

5. Who assigned these duties to you? How were they assigned? If you have documentation, please attach.

_________________________________________ ________________________________

6. If you know, what caused this assignment (e.g. sick leave, retirement, vacation, etc)? ________________________________

_________________________________________ ________________________________

7. Identify the title/grade of the supervisor(s) you report to when performing the grieved duties:

_________________________________________ ________________________________

8. Identify the title(s)/grade(s) of the subordinate staff who report to you when performing the grieved duties:

_________________________________________ ________________________________

_________________________________________ ________________________________

9. Attachments. Please attach documents that support your claim of out-of-title work. Check all that you have attached:

___ Agency/Facility (in-house) job duties ___ Agency memoranda, emails regarding duties
___ Performance Evaluations ___ Other(Describe) ________________________________

Date Submitted: _____________ Aggrieved Employee/ Authorized Signature: ________________________________

Authorized Signature:

Agency-Level Decision (Step 2)

The Agency-Level Decision shall be issued no later than 20 calendar days following receipt of the grievance.

Date grievance was received (filing date): ________________________________

Date Step 2 Decision was issued: ________________________________

OER File Number: ________________________________

Agency Head/Designee: ________________________________
OER Appeal (Step 3)

Appeals to Step 3 may be submitted only by CSEA within 10 calendar days from the receipt of the Agency-level (Step 2) Decision.

Date of receipt of Step 2 Decision: _________________________________

The Agency-Level Step 2 Decision is unsatisfactory.

Reason for disagreement with the Agency’s Step 2 Decision:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Date Submitted: ______________________________________________

Authorized Signature: _________________________________________

OER Decision (Step 3)

Date Decision was issued: _______________________________________

Director of the OER/Designee: _________________________________

OER Appeal – Dispute of Facts (Step 3 ½)

Appeals to Step 3 ½ may be submitted only by CSEA when there exists a dispute of facts. The appeal must be submitted within 30 calendar days from the date of the OER (Step 3) Decision and shall include documentation to support the factual allegations.

The Step 3 Decision is unsatisfactory.

Explain dispute of facts for reconsideration (Attach additional sheets if necessary):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Date Submitted: ______________________________________________

Authorized Signature: _________________________________________

OER Decision (Step 3 ½)

Date Decision was Issued: _______________________________________

Director of the OER/Designee: _________________________________