STATE/CSEA
GRIEVANCE FORM

(All grievances, decisions and appeals must be served personally or by registered or certified mail, return receipt requested.)

TO BE COMPLETED BY GRIEVANT OR HIS/HER REPRESENTATIVE:

Name: __________________________________ Title: ______________________________

Current Mailing Address: ______________________________________________________

Department or Agency: ________________________________________________________

Work Location: ______________________________________________________________

Bargaining Unit: □ Administrative □ Operational □ Institutional □ DMNA

Grievance Type: □ Contract. Specify Article ____________ Subsection ____________
□ Non-Contract. (May be appealed through Third Step only)

STEP 1

Date of Occurrence: ____________

Statement of facts: (use additional sheets, if required) ____________________________

__________________________________________________________________________

Remedy sought: _____________________________________________________________

__________________________________________________________________________

Date submitted: _______________ Aggrieved Employee(s) _______________________

CHECK TO MAKE SURE ALL REQUIRED INFORMATION HAS BEEN PROVIDED AND GIVE
THIS FORM TO YOUR FACILITY OR INSTITUTION HEAD OR DESIGNEE.

1st STEP DECISION

Date grievance received: _______________ Determination Attached

Date decision issued: _______________ Facility or Institutional Level Rep.

__________________________________________________________________________

STEP 2—APPEAL

(To be submitted with a copy of the Step 1 decision to the agency head, or his/her representative designated to receive such appeals, within ten working days* or receipt of Step 1 decision or date Step 1 decision was due, whichever is earlier.)

The decision at Step 1 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 1 decision: __________________________________

__________________________________________________________________________

Date submitted: _______________ Aggrieved Employee(s) _______________________

OER-4
(Rev.04/2022)
2nd STEP DECISION

Date received ___________________________  Determination Attached
Date decision issued: _____________________  Review: ________________________________

STEP 3 - APPEAL

(All Step 3 appeals must be submitted to CSEA, Office of Collective Bargaining, 143 Washington Avenue, Albany, New York 12210 immediately after receipt of Step 2 decision.)

The decision at Step 2 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 2 decision: ____________________________________________

________________________________________
Date submitted:_________________________  Aggrieved Employee(s) ___________________________

Authorized Signature:__________________________________________

☐ Non-Contract Review Meeting Requested  AN APPEAL TO STEP 3 MUST BE SIGNED OR COUNTERSIGNED AND FILED BY THE EXECUTIVE DIRECTOR OF CSEA OR HIS DESIGNEE

NOTE: CSEA MUST FILE THIS APPEAL WITHIN FIFTEEN WORKING DAYS* OF RECEIPT OF STEP 2 DECISION OR DATE STEP 2 DECISION WAS DUE, WHICHEVER IS EARLIER, TOGETHER WITH THE GRIEVANCE AND THE DECISIONS AT STEP 1 AND 2, WITH THE OFFICE OF EMPLOYEE RELATIONS, AGENCY BUILDING #2, 12TH FLOOR, EMPIRE STATE PLAZA, ALBANY, NEW YORK 12223.

3rd STEP DECISION

Case Number: _________________________

Date received by the Office of Employee Relations: ________________________________

Determination Attached

Date decision issued: _______________________

Director of the Office of Employee Relations or designee: ________________________________

STEP 4 - APPEAL

(To be submitted to the Office of Employee Relations within 15 working days* of receipt of Step 3 decision or date Step 3 decision was due, whichever is earlier. Attach copies of all documents related to grievance)

The Civil Service Employees Association hereby demands ARBITRATION.

Date submitted: _________________________

Authorized Signature: _________________________

(A DEMAND FOR ARBITRATION MAY BE SUBMITTED ONLY BY THE EXECUTIVE DIRECTOR OF CSEA OR HIS DESIGNEE)

*In the case of a department or agency which normally operates on a seven-day-a-week basis, the reference to ten working days shall mean 14 calendar days, and 15 working days shall mean 21 calendar days.