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) _____

2nd STEP DECISION

Date received_____ Determination Attached

Date decision issued:_____ Review: _____

STEP 3 - APPEAL

(All Step 3 appeals must be submitted to CSEA, State Operations Department, 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 DIRECTOR OF STATE OPERATIONS OR 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 DIRECTOR OF STATE OPERATIONS OR 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.