

KOSE UNION GRIEVANCE FORM PURSUANT TO ARTICLE 12

This form shall be used for all KOSE Union grievances. Additional sheets may be attached to this form if there is need for more space than provided. All such attachments must be dated, signed, and identify the specific step to which each attachment applies.

STEP ONE (IMMEDIATE SUPERVISOR)

Grievant Name *(Please print)*: _____ Job Class: _____ Work Location: _____

Grievances shall be filed within fourteen (14) days of the event causing the dispute, or within fourteen (14) days of the grievant's knowledge of its occurrence. The event causing the dispute that is the subject of this grievance, or my knowledge of its occurrence happened on ____/____/____.

Violation of KOSE MOA: ARTICLE(s) _____ SECTION(s) _____

Grievance: _____

Remedy Sought: _____

Name of supervisor filed with: _____ Date filed: ____/____/____.

Method Filed *(Check one)*: In person ____ Mail ____ Fax ____ Email ____

Grievant's Signature: _____

KOSE Steward/Representative's Name & Signature: _____

IMMEDIATE SUPERVISOR'S RESPONSE ON STEP ONE

I received the above grievance on ____/____/____. I met with grievant and KOSE Steward/Representative on ____/____/____, and my response is as follows:

Immediate Supervisor's Name *(Please print)*: _____

Immediate Supervisor's Signature: _____ DATE _____

GRIEVANT HAS 14 DAYS TO RESPOND OR GRIEVANCE IS RESOLVED

GRIEVANCE MOVED TO STEP 2 ON ___/___/___ Grievant's initials _____

STEP TWO (FACILITY DIRECTOR, DIVISION/DEPARTMENT DIRECTOR OR REGIONAL DIRECTOR)

I, (*Please print*), _____ received the above grievance on ___/___/____. I met with the grievant and KOSE Steward/Representative on ___/___/____, and my response is as follows:

_____ Date _____

Superintendent/Warden, Division/Department Director, Regional Director/District Engineer's Signature

GRIEVANT HAS 14 DAYS TO RESPOND OR GRIEVANCE IS RESOLVED

GRIEVANCE MOVED TO STEP 3 ON ___/___/___ Grievant's initials _____

STEP THREE (AGENCY HEAD RESPONSE)

I, (*Please print*), _____ received the above grievance appeal on ___/___/____ and my response is as follows:

_____ Date _____

Agency Head or Designee's Signature