## **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 ( <i>Please print</i> ):   | Job Class:                        | Work Location:          | _        |
| Grievances shall be filed within fourteen (14) day<br>its occurrence. The event causing the dispute that<br>// |                                   |                         | -        |
| Violation of KOSE MOA: ARTICLE(s)  | SECTION(                          | 5)                      |          |
| Grievance:   |                                   |                         |          |
| Remedy Sought:   |                                   |                         |          |
|  | personMailFaxEmail                |                         |          |
| Grievant's Signature:<br>KOSE Steward/Representative's Name & Signatur   |                                   |                         | -        |
| IMM  | EDIATE SUPERVISOR'S RESPONSE C    | IN STEP ONE             |          |
| I received the above grievance on//<br>response is as follows:   | I met with grievant and KOSE Stew | ard/Representative on// | , and my |
|  |                                   |                         |          |
| Immediate Supervisor's Name ( <i>Please print</i> ):   |                                   |                         |          |
| 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, ( <i>Please print</i> ), I met with the grievant and KOSE Steward/Representative on//. I met with the grievant |
| 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, ( <i>Please print</i> ),   |

Date \_\_\_\_\_

Agency Head or Designee's Signature

\_\_\_\_\_