

STATE/PEF GRIEVANCE FORM
PROFESSIONAL, SCIENTIFIC AND TECHNICAL SERVICES UNIT

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

TO BE COMPLETED BY GRIEVANT OR REPRESENTATIVE:

Name: _____ Title: _____

Department or Agency: _____

Work Location: _____ Supervisor: _____

Type of Grievance:

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Contract Grievance

Provision of State/PEF Agreement

Alleged to have been violated: Article Subsection

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Non-Contract Grievance

(May be appealed only
through Step Three)

STEP 1

(Step 1 grievance must be submitted not more than thirty (30) calendar days after the date
the act or omission giving rise to the grievance occurred.)

Date of Occurrence: _____

Statement of Facts: (Use additional sheets if required): _____

Remedy Sought: _____

Date Submitted: _____ Aggrieved Employee: _____

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: _____

Date Decision Issued: _____

Facility or Institutional Level Rep

NOTE: Facility or Institution head or designated representative shall meet with the employee or PEF and shall issue a short, plain written statement of reason for his decision to the employee or PEF not later than twenty (20) working days* following receipt of the grievance.

STEP 2 – APPEAL

NOTE: Submit with a copy of the Step 1 decision to the agency head or his representative designated to receive such appeals within ten (10) working days* of receipt of Step 1 decision or date Step 1 decision was due, whichever is earlier.

Reasons for disagreement with Step 1 decision (Use additional sheets if necessary): _____

Date Submitted: _____ Aggrieved Employee: _____

2nd STEP DECISION

Date Received: _____

Date Decision Issued: _____

Reviewer: _____

NOTE: The agency or department head or designee shall meet with the employee or PEF for a review of the grievance and shall issue a short written statement of reasons for his decision to the employee or PEF, as appropriate, no later than twenty (20) working days* following receipt of the Step 1 Appeal.

STEP 3 - APPEAL

NOTE: Appeals to Step 3 may be submitted only by the President of PEF or authorized designee, and must be submitted within thirty (30) working days* of the grievant's receipt of the Step 2 Decision.

Reasons for disagreement with Step 2 Decision (Use additional sheets if necessary): _____

Date Submitted: _____ Aggrieved Employee: _____

Authorized Signature: _____

NOTE: PEF must file this appeal, together with the grievance and the decisions at Step 1 and 2 with the Governor's Office of Employee Relations, Agency Building #2, 12th Floor, Empire State Plaza, Albany, NY 12223.

3rd STEP DECISION

GOER File Number: _____

Date Received by the Governor's Office of Employee Relations: _____

Date Decision Issued: _____

Director of the Governor's Office of Employee Relations or Designee: _____

NOTE: The Director of the Governor's Office of Employee Relations, or his designee, shall issue a short, plainly written statement of reasons for his decision within thirty (30) working days after receipt of the appeal.

STEP 4 – APPEAL

NOTE: Appeals to Arbitration may be submitted only by the President of PEF or his designee, and must be submitted to the Governor's Office of Employee Relations within fifteen (15) working days of receipt of the Step 3 Decision.

Date Submitted: _____ Authorized Signature: _____

* In the case of a department or agency which normally operates on a 7-day-a-week basis, the reference to 10 working days shall mean 14 calendar days and 15 working days shall mean 21 calendar days and 20 working days shall mean 28 calendar days. All time limits contained in this Article may be extended by mutual agreement. Extensions shall be confirmed in writing by the party requesting them.