

**State/PEF
Article 17 Out-Of-Title Work Grievance Form**

A grievance alleging out-of-title work is filed directly at Step 2. This grievance form may be completed by the grievant and/or grievant's representative. All grievances, decisions, and appeals must be served in person or by certified mail, return receipt requested.

Grievance Submitted By: Individual(s) named below
 PEF regarding the individual(s) named below

Name(s): _____

Current Civil Service Title(s) (*Do not use "in-house" title*): _____

Grade(s): _____

Department/Agency: _____

Facility and/or Work Location: _____

Shift: _____

Supervisor's Name, Civil Service Title: _____

Supervisor's Grade: _____

Description of Alleged Out-of-Title Work: *Please fill this section in as completely as possible.*

- Specifically describe the alleged out-of-title tasks/duties you (or the individual(s) alleged to be working out-of-title) are performing with sufficient detail to provide a clear picture of the scope of those duties. Use a separate paragraph for each type of task/duty and estimate the percent of time each week spent on each task/duty. Include any/all supervisory tasks performed that are not appropriate to your current title.
Classification Standards and Performance Evaluations may be attached, but are not a substitute for a description of the specific duties you are actually performing. Attach additional sheets if needed.

Description of Task/Duties	% of time each week

- Date grieved duties began: ___/___/___ If ended, date grieved duties ended: ___/___/___
- What Civil Service title do you think should perform these duties? _____ Grade: _____
- Why are the grieved duties inappropriate for current Civil Service title? _____

5. Who assigned these duties? How were they assigned? If you have documentation, please attach. _____
6. If you know, what caused this assignment (e.g., sick leave, retirement, vacation, etc.)? _____
7. Identify the title/grade of the supervisor(s) reported to when performing the grieved duties: _____
8. Identify the title(s)/grade(s) of the subordinate staff who report to employee performing the grieved duties:

_____	_____
_____	_____
_____	_____

9. Attachments. Please attach documents that support the claim of out-of-title work. Check all that have been attached:

- | | |
|--|--|
| <input type="checkbox"/> Agency/Facility (in-house) job duties | <input type="checkbox"/> Agency memoranda, emails regarding duties |
| <input type="checkbox"/> Performance Evaluations | <input type="checkbox"/> Other (Describe) |

Date Submitted: _____ Aggrieved Employee/
Authorized Signature: _____

The Agency-Level Grievance must be filed with the Agency Head or designee with a copy simultaneously filed with the Facility or Institution Head or designee. If the grievance is PEF-initiated, a copy shall also be simultaneously served on the employee performing the alleged out-of-title work.

Agency-Level Decision (Step 2)

The Agency-Level Decision shall be issued no later than 10 working days following receipt of this grievance.

Date grievance was received (filing date): _____

Date Step 2 Decision was issued: _____

GOER File Number: _____

Agency Head/Designee: _____

GOER Appeal (Step 3)

Appeals to Step 3 may be submitted by the President of PEF or authorized designee and must be submitted within 10 working days from the receipt of the Agency-Level (Step 2) Decision.

Date of receipt of Step 2 Decision: _____

The Agency-Level Step 2 Decision is unsatisfactory.

Reason for disagreement with the Agency’s Step 2 Decision:

Date Submitted: _____

Authorized Signature: _____

GOER Decision (Step 3)

Date Decision was issued: _____

Director of the GOER/Designee: _____

GOER Appeal (Step 3 1/2)

Appeals to Step 3 1/2 may be submitted only by the President of PEF or authorized designee when there are additional facts or the existence of a dispute of fact, and must be submitted within 30 calendar days from the date of the GOER (Step 3) Decision. The Step 3 1/2 appeal shall include documentation to support the factual allegations.

The Step 3 Decision is unsatisfactory.

Additional facts or existence of a dispute of fact for reconsideration (Attach additional sheets if needed):

Date Submitted: _____

Authorized Signature: _____

GOER Decision (Step 3 1/2)

Date Decision was Issued: _____

Director of the GOER/Designee: _____