STATE/PEF DISCIPLINARY GRIEVANCE FORM
FOR EMPLOYEES IN THE
PROFESSIONAL, SCIENTIFIC AND TECHNICAL SERVICES UNIT

READ ARTICLE 33 IN ITS ENTIRETY BEFORE COMPLETING THIS FORM

Instructions to Employee and Agency: Employees in the PS&T Unit must use this form to start a disciplinary grievance pursuant to Article 33 of the Agreement between the State and the Public Employees Federation. Employees must be advised that they have a right to be represented or to decline such representation and be given a reasonable period of time to obtain representation (either PEF or an attorney of the employee's choice) in proceedings brought under Article 33 and before executing any settlement of a disciplinary grievance.

PLEASE PRINT OR TYPE

Agency and Facility: _____   Date: _____

Employee's Name: _____
                          Last   First   M.I.

Employee's Home Address: _____
                          Street   City   State   Zip Code

Employee's Representative: [ ] PEF _____

                           [ ] Attorney _____

[ ]   I wish to grieve the Notice of Discipline issued to me on _____ pursuant to Article 33.

[ ]   I wish to grieve a violation of the procedures of Article 33 (Discipline), subsection _____

Date of occurrence : _____

Remarks: (Employee should use this space to support grievance.)

Remedy Sought:

_____
Aggrieved Employee's Signature

Instructions to Employee: To be considered, this form must be filed[1] either personally or by certified mail, return receipt requested, with your department or agency head or his designee within 14 calendar days[2] following the service[3] of the Notice of Discipline. If you are suspended or temporarily reassigned pursuant to subsection 33.4, you may waive the agency-level meeting and proceed directly to arbitration by filing the notice on the reverse side within 14 calendar days following the service of the Notice of Discipline to the American Arbitration Association.

Date Received: _____   By: _____
                                                   State Agency Representative

AGENCY LEVEL RESPONSE
(See attached)

Date: _____   By: _____

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[1] Filing shall be completed upon actual receipt.

[2] Day shall mean calendar days unless otherwise specified.

[3] Service shall be complete upon personal delivery or if made by certified mail, return receipt requested. It shall be complete the date the employee or any other person accepting delivery has signed the return receipt or when the letter is returned to the appointing authority undelivered.

OER-16 (6/14)

DEMON FOR ARBITRATION

NOTE: If the proposed penalty in this disciplinary action is a written reprimand, a fine not to exceed $100, a suspension without pay for not more than three days or a loss of leave credits of not more than three days, and your agency and PEF have mutually agreed to an agency-level review procedure pursuant to subsection 33.5(f), this disciplinary grievance may not be subject to arbitration. In such cases, complete this section of the form but submit the form to your Agency-Level Review Panel, in care of your agency Employee Relations Officer.

☐   I have been (a) suspended or (b) temporarily reassigned pursuant to subsection 33.4 and, therefore, wish to waive the agency level meeting and proceed directly to arbitration.

     Date of suspension or temporary reassignment: _____

☐   My agency head or his designee has failed to issue a timely response[4] to my disciplinary grievance; therefore, pursuant to subsection 33.5(e), I wish to proceed directly to arbitration.

☐   The response of the agency head or his designee is not satisfactory.[5]   _____

                                                  Employee Signature

I will be represented in the arbitration by: _____
                                       PEF Representative or Private Attorney .

Address: _____

THE HEARING OF THIS MATTER WILL BE HELD IN THE LOCATION WHICH IS CLOSEST TO THE EMPLOYEE'S WORK STATION OR AT THE EMPLOYEE'S WORK LOCATION.

MAIL THE COMPLETED FORM TO:

         CASE ADMINISTRATOR
         AMERICAN ARBITRATION ASSOCIATION
         120 BROADWAY, FLOOR 21
         NEW YORK, NEW YORK 10271
         TELEPHONE: (212) 484-4137

_____   _____
       Date received by AAA   AAA Representative

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[4]   If there is no department or agency response received within 10 calendar days after the department or agency meeting, the appeal to arbitration must be filed within 24 calendar days of such meeting.

[5]   Appeal to American Arbitration Association by certified mail, return receipt requested, on a disciplinary grievance form, with a copy to the appointing authority must be filed within 14 calendar days of service of the department or agency response.