

STATE-CSEA  
GRIEVANCE FORM

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

TO BE COMPLETED BY GRIEVANT OR HIS REPRESENTATIVE:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Department or Agency: \_\_\_\_\_

Work Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Bargaining Unit:  Administrative  Operational  Institutional

Grievance Type:  Contract; specify Article \_\_\_\_\_ Subsection \_\_\_\_\_

or  
 Non-Contract (May be appealed to Third Step only)

STEP 1

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: \_\_\_\_\_

Determination Attached.

Date decision issued: \_\_\_\_\_

Facility or Institutional Level Rep. \_\_\_\_\_

STEP 2 - APPEAL

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

The decision at Step 1 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 1 decision: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Aggrieved employee: \_\_\_\_\_

2nd STEP DECISION

Date received: \_\_\_\_\_

Determination Attached

Date decision issued: \_\_\_\_\_ Reviewer: \_\_\_\_\_

STEP 3 - APPEAL

(All Step 3 appeals must be submitted to CSEA, Membership Service, 33 Elk Street, Albany, New York immediately after receipt of Step 2 decision or date Step 2 decision was due whichever is earlier.)

The decision at Step 2 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 2 decision: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Aggrieved employee: \_\_\_\_\_

Non-Contract Review  
Meeting Requested

Authorized signature: \_\_\_\_\_  
(AN APPEAL TO STEP 3 MUST BE SIGNED OR COUNTERSIGNED AND  
FILED BY THE CSEA EXECUTIVE DIRECTOR OR HIS DESIGNEE.)

NOTE: CSEA MUST FILE THIS APPEAL WITHIN FIFTEEN WORKING DAYS\* OF RECEIPT OF STEP 2 DECISION OR DATE STEP 2 DECISION WAS DUE, WHICHEVER IS EARLIER TOGETHER WITH THE GRIEVANCE AND THE DECISIONS AT STEPS 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

Case Number: \_\_\_\_\_

Date received by the Governor's Office of Employee Relations: \_\_\_\_\_

Determination Attached

Date decision issued: \_\_\_\_\_

Director of the Governor's Office of Employee Relations or designee: \_\_\_\_\_

STEP 4 - APPEAL

(To be submitted to the Governor's Office of Employee Relations within fifteen working days\* of receipt of Step 3 decision or date Step 3 decision was due, whichever is earlier. Attach copies of all documents related to grievance.)

The Civil service employees Association hereby demands ARBITRATION.

Date submitted: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

(A DEMAND FOR ARBITRATION MAY BE SUBMITTED  
ONLY BY THE EXECUTIVE DIRECTOR OF CSEA, OR  
HIS DESIGNEE.)

\*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.