

**CAREER SERVICE REVIEW OFFICE (CSRO)
GRIEVANCE FORM (Page 1)**

TO COMMENCE STEP 1 OF THE GRIEVANCE PROCESS, MAIL, FAX, OR EMAIL PAGE 1 OF THIS GRIEVANCE FORM TO: Administrator, Career Service Review Office, 1120 State Office Building, P.O. Box 141561, Salt Lake City, Utah 84114-1561. Phone: 801-538-3048 FAX: 801-538-3139 Email: amorgan@utah.gov

A COPY SHOULD ALSO BE SENT TO YOUR AGENCY/DIVISION HUMAN RESOURCE DIRECTOR.

At all times during the adjudication of this matter, the parties are responsible for keeping the Career Service Review Office apprised of any changes to their addresses or telephone numbers.

The grieving party is responsible for compliance with the Grievance and Appeal Procedures; failure to comply may result in a default.

Employee Name

State Employee ID Number

Mailing Address

Telephone Number

City, State and Zip Code

Email Address

Employer Division or Agency

Employee Signature

Date

I AM GRIEVING A DECISION REGARDING:

- a dismissal
- a demotion
- a suspension
- a reduction in force
- a dispute concerning abandonment of position
- a wage grievance (if the employee is not placed within the salary range of the employee's current position)
- a violation of a rule adopted under Chapter 9, Utah State Personnel Management Act
- the equitable administration of benefits listed in Utah Code Ann. 67-19a-202(1)(a)(viii)
- retaliatory action prohibited by the Utah Protection of Public Employees Act
- other (specify)

STATEMENT OF GRIEVANCE:

State whether you dispute the factual allegations against you, which (if any) allegations you dispute, and the grounds on which you challenge the Agency/Division decision. If additional space is necessary, attach extra paper.

REMEDY OR RELIEF SOUGHT:

**CAREER SERVICE REVIEW OFFICE (CSRO)
GRIEVANCE FORM (Page 2)
NOTICE OF STEP 4 GRIEVANCE**

TO ADVANCE TO STEP 4 OF THE GRIEVANCE PROCESS, MAIL, FAX, OR EMAIL PAGE 2 OF THIS GRIEVANCE FORM, WITH THE AGENCY'S RESPONSES ATTACHED, TO: Administrator, Career Service Review Office, 1120 State Office Building, P.O. Box 141561, Salt Lake City, Utah 84114-1561. Phone: 801-538-3048 FAX: 801-538-3139 Email: amorgan@utah.gov

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It is the employee's responsibility to advance the grievance through the steps within the applicable time limits. Failure to advance the grievance will result in a forfeit.

GRIEVANCE PROCEDURE TIMELINES

Timeliness: The grievance process must begin within 20 working days from the event or from knowledge of the event giving rise to the grievance. An employee may not submit a grievance more than one year after the event giving rise to the grievance. (See §67-19a-401(5)(a) and (b))

Step 1 Employee shall submit the grievance in writing to the employee's supervisor and to the Career Service Review Office Administrator. The Supervisor has **five** working days to respond.

Step 2 Employee may advance the grievance to the Agency/Division Director within **ten** working days after either receiving a reply from the Supervisor, or from the date that a response was due, whichever is first. The Agency/Division Director has **five** working days to reply in writing after receiving an employee's written grievance.

Step 3 Employee may advance the grievance to the Department Head within **ten** working after either receiving a reply from their Agency/Division director, or from the date that a response was due, whichever is first. The Department Head has **ten** working days to respond after receiving an employee's written grievance.

If the employee's Department head fails to respond to the grievance within **10** working days after submission, or if the aggrieved employee is dissatisfied with the Department Head's written decision, the employee may advance the written grievance to the Administrator of the Career Service Review Office within **10** working days after the expiration of the period for decision or receipt of the written decision, whichever is first. The Career Service Review Office has authority over these issues: **dismissals, demotions, suspensions, reductions in force, disputes concerning abandonment of position, wages (if an employee is not placed within the salary range of the employee's current position), violations of a rule adopted under Chapter 19, Utah State Personnel Management Act, the equitable administration of benefits listed in Utah Code Ann. 67-19a-202(1)(a)(viii), and retaliatory action prohibited by the Utah Protection of Public Employees Act.** Employees may grieve all other matters only to the level of the Department Head. The decision of the Department Head is final and unappealable to the Career Service Review Office. **WHERE THE DEPARTMENT HEAD DIRECTLY IMPOSES DISCIPLINE, THE EMPLOYEE HAS 20 WORKING DAYS TO APPEAL THAT ACTION TO THE CAREER SERVICE REVIEW OFFICE. AN EMPLOYEE ASSERTING AN ADMINISTRATIVE GRIEVANCE OF RETALIATORY ACTION SHALL SUBMIT THE GRIEVANCE IN WRITING WITHIN 20 DAYS AFTER THE DATE ON WHICH THE RETALIATORY ACTION OCCURS.**

Employee Name

State Employee ID Number

Division/Agency

Employee Signature

Date

STEP 1 - IMMEDIATE SUPERVISOR

Copy of response attached

Date of Supervisor Response

STEP 2 - AGENCY/DIVISION DIRECTOR

Copy of response attached

Date of Division/Agency Director Response

STEP 3 - DEPARTMENT HEAD

Copy of response attached

Date of Department Head Response

IMPORTANT: This form MUST be filled out in order to process your grievance. Failure to fill the form out will result in unnecessary delays!

ADDITIONAL INFORMATION NEED TO PROCESS YOUR GRIEVANCE BY FOP:

What is the name of your Supervisor? _____

What is your supervisor's email address? _____

What is the date you first were made aware of the matter you are grieving? _____

Who supervises your supervisor? (His or Her name) _____

Who is your Division Director? (His or Her name) _____

How many years have you worked for the Department of Corrections? _____

Other than this occasion, have you ever been disciplined by the Department? Yes No

If yes, please provide the following:

Date of Discipline? _____

Reason for Discipline? _____

Discipline received? (i.e. Written Letter, Suspension)

Have you ever received a negative evaluation? Yes No

If yes, please provide a copy of the negative evaluation(s) in its entirety.

Please provide a private email other than your state email: _____

Additional Grievance details or Information: