

PIMA COUNTY EMPLOYEE GRIEVANCE FORM

(Merit System Rule 13.2: Grievances Not Alleging Discrimination)

Time Stamp

Permanent employees may grieve misinterpretation, misapplication or unequal enforcement of Merit System Rules, Personnel Policies, Board of Supervisors Policies, Administrative Procedures **OR** a Letter of Reprimand. (For complaints involving FMLA or Parental Leave, please contact Leave Administration at 724-8076 for appropriate grievance forms.)

Name: _____ Department: _____ Work Phone: _____

Home Phone: _____ Home Address: _____ Zip Code: _____

Date of incident(s) or date of receipt of a Letter of Reprimand: _____

For other than a Letter of Reprimand, identify the specific Merit System Rule, Personnel Policy, Board of Supervisors Policy, or Administrative Procedure that you believe has been misinterpreted, misapplied or unequally enforced, in connection with your grievance:

PRIOR TO FILING Pursuant to Merit System Rule 13.1 B, you must attempt to use the County mediation process within ten (10) business days of the date you knew or should have known of the grievable incident(s). For a grievance pertaining to a Letter of Reprimand, mediation is not required prior to filing. *To schedule an appointment for Mediation, contact Human Resources/Employment Rights staff at 724-8028.*

(Omit this section for a grievance regarding receipt of a Letter of Reprimand)

MEDIATION Have you made an attempt at mediation as required in Merit System Rule 13.1.B? Yes No
If no, contact Human Resources/Employment Rights staff at 724-8028 before proceeding further.
If yes, attach a copy of the mediation deemed inappropriate/unsuccessful letter before submitting the grievance to your Appointing Authority.

SUMMARY OF GRIEVANCE Describe the specific details of the incident(s) being grieved and the remedy requested. Additional pages may be attached if necessary. *Attach a copy of the Letter of Reprimand being grieved, if applicable.*

FILING THE GRIEVANCE Pursuant to Merit System Rule 13.2 D, you must submit this completed form **to the Appointing Authority of your department** within ten (10) business days of the date of receipt of the Letter of Reprimand or the date of the mediation outcome as listed above.

Do NOT send this form to County Human Resources; you must file this with your Appointing Authority.

Grievant Signature

Date Submitted to Appointing Authority

APPOINTING AUTHORITY RESPONSE TO GRIEVANCE DATE RECEIVED: _____

Grievance Denied Grievance Upheld Date Responded: _____

Reasons for decision to uphold/deny grievance (attach additional sheets if necessary):

Appointing Authority Signature

Date

GRIEVANT RESPONSE DATE RECEIVED: _____

- I accept the action/response of the Appointing Authority.
- I reject the action/response of the Appointing Authority. I understand that I may submit the grievance to the County Administrator for further review *within five (5) business days* of receipt of the Appointing Authority's response.

COMMITTEE SELECTION: **non-departmental** employees only **departmental** employees only
Pursuant to Merit System Rule 13.2 E.3., if my grievance is assigned for Committee review, I elect to have three (3) randomly selected employees, as designated above, serve as committee members. (**Note:** If you fail to designate your selection, Human Resources will proceed with a non-departmental committee selection. County Attorney, County Administrator and Human Resources employees may not serve as grievance committee members.)

Grievant Signature

Date

INSTRUCTIONS FOR GRIEVANCE PROCEDURE

Employee: Do not submit this form to Human Resources. It must be submitted initially to Appointing Authority.

Complete the first page of this form prior to submitting the form in its entirety **to your Appointing Authority within ten (10) business days** of the date you knew or should have known that mediation was not successful or from the date of receipt of the Letter of Reprimand.

Your Appointing Authority will investigate your allegations or complaint and issue you a response **within ten (10) business days** of receipt of the grievance form.

You may agree or disagree with the Appointing Authority's response by so indicating in the grievant response section above. If you agree, the grievance shall be filed in your department personnel file. If you disagree, you may forward the grievance **to the County Administrator** for further review by submitting this completed form along with related documentation (to include a copy of the Appointing Authority's response and a copy of the mediation inappropriate/unsuccessful letter and/or the Letter of Reprimand, if applicable.) **to the County Administrator within five (5) business days** after receipt of the Appointing Authority's response. The County Administrator will determine jurisdiction and, if appropriate, direct Human Resources to conduct grievance committee proceedings in accordance with Merit System Rule 13.

Within forty-five (45) business days of the first committee meeting, the grievance committee will report its findings to the County Administrator. The County Administrator shall issue a final decision within thirty (30) calendar days after receipt of the grievance committee's report and respond to you under separate cover. The grievance committee report will be distributed to you and the Appointing Authority.

NOTE: Human Resources offers mediation services as an alternative means of resolving grievances, except for grievances alleging sexual harassment, workplace harassment, or pertaining to a Letter of Reprimand. Call Employment Rights at 724-8028 for more information.