

EMPLOYEE CONTRACT GRIEVANCE

ORGANIZATION UNIT NAME
IUOE

BARGAINING UNIT NUMBER (CIRCLE ONE)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

Please Refer To The Bargaining Unit Contract
For Specific Information Regarding Grievance
Procedures And Time Frame Requirements

GRIEVANT NAME HOME TELEPHONE NUMBER
International Union of Operating Engineers Locals 3, 39, and 501
GRIEVANT HOME ADDRESS CITY STATE ZIP CODE
1620 North Market Blvd. Sacramento California 95834
GRIEVANT DEPARTMENT DIVISION OR FACILITY GRIEVANT WORK-SITE
All Affected All Affected All Affected

GRIEVANT CLASSIFICATION GRIEVANT WORK-SHIFT GRIEVANT WORK PHONE
All listed in Unit 12 Salary Schedule included in the Crafts and Maintenance Unit

REPRESENTATION INFORMATION

REPRESENTATIVE NAME TELEPHONE NUMBER ORGANIZATION OR AFFILIATION
Steve Crouch 916-928-0399 Locals 3, 39, and 501

GRIEVANCE INFORMATION

On-going **April 26, 2017**
DATE OF ACTION CAUSING GRIEVANCE OR AFTER KNOWLEDGE OF ACTION OBTAINED DATE OF INFORMAL CONFERENCE IF ANY DATE OF FILING OF THIS GRIEVANCE

CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL PAGES IF NECESSARY)

The State of California has failed to pay unit 12 employees their negotiated wage increases and retroactive pay in a timely manner.

ARTICLE(S) AND SECTIONS OF CONTRACT ALLEGED AS VIOLATED

Section 14.2, Labor Code Section 222, The Fair Labor Standards Act, Past Practice, and any and all other applicable contract sections, labor codes, government codes, and regulations.

SPECIFIC REMEDY SOUGHT

Make whole all Unit 12 employees affected by this delay including interest and penalties.

SIGNATURE OF GRIEVANT OR AUTHORIZED REPRESENTATIVE DATE
Steve Crouch 4/26/17

GRIEVANCE REVIEW – STEP 1 – LOCAL MANAGER

DATE RECEIVED DATE OF RESPONSE STEP 1 DECISION TO BE ENTERED BELOW

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|------------------------------|------------------------|------------------|
| SIGNATURE OF STEP 1 REVIEWER | PRINTED NAME AND TITLE | TELEPHONE NUMBER |
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| I DO NOT CONCUR AND APPEAL TO STEP 2 REVIEW LEVEL | GRIEVANT'S SIGNATURE | DATE |
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GRIEVANCE REVIEW – STEP 2 – DEPARTMENT LEVEL

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| DATE RECEIVED | DATE OF RESPONSE | STEP 2 DECISION ATTACHED |
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| SIGNATURE OF STEP 2 REVIEWER | PRINTED NAME AND TITLE | DATE |
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| I DO NOT CONCUR AND APPEAL TO STEP 3 REVIEW LEVEL | GRIEVANT'S SIGNATURE | DATE |
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GRIEVANCE REVIEW – STEP 3 – DEPARTMENT OF PERSONNEL ADMINISTRATION

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| DATE RECEIVED | DATE OF RESPONSE | STEP 3 DECISION ATTACHED |
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| SIGNATURE OF STEP 3 REVIEWER | PRINTED NAME AND TITLE | DATE |
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| THE UNION APPEALS TO BOARD OF ADJUSTMENT | UNION AUTHORIZED SIGNATURE/TITLE | DATE |
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GRIEVANCE REVIEW – BOARD OF ADJUSTMENT

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| DATE RECEIVED | DATE OF RESPONSE | BOARD OF ADJUSTMENT DECISION ATTACHED |
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GRIEVANCE REVIEW – ARBITRATION

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| THE UNION APPEALS THE BOARD DECISION TO ARBITRATION | UNION AUTHORIZED SIGNATURE/TITLE | DATE |
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