

INTERNATIONAL UNION OF OPERATING ENGINEERS

Craft-Maintenance Division State of California Unit 12
Locals 3, 39 & 501, AFL-CIO

May 23, 2018

***Sent via Certified U.S. Mail
7017 2400 0000 9260 9944
And via First Class U.S. Mail***

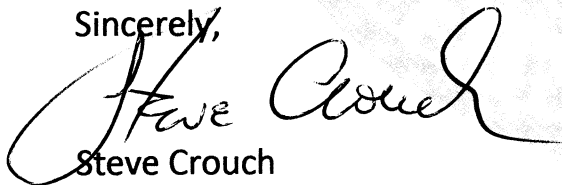
Trina Honeycutt
Labor Relations Manager
Department of Parks and Recreation
P.O. Box 942896
Sacramento, California 94296-0001

Dear Ms. Honeycutt,

The enclosed grievance is being filed at your level of review. It is the Union's contention that the Department of Parks and Recreation is not ensuring that our members are being provided appropriate Personal Protective Equipment (PPE), necessary hazmat training, necessary vaccinations, and proper compensation for the dangerous hazmat duties they are performing when cleaning up homeless encampments on State Parks and Recreation property.

If you have any questions or would like to meet in person to discuss our concerns, please let me know.

Sincerely,



Steve Crouch
Director of Public Employees

enclosure

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 9/2013)

BARGAINING UNIT NAME Craft and Maintenance Unit 12	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
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Please refer to your bargaining unit's contract for specific information regarding employee grievance procedures and time frame requirements.

GRIEVANT'S NAME International Union of Operating Engineers, Unit 12		HOME TELEPHONE NUMBER (include area code) 916-928-0399
HOME ADDRESS (Number and Street) 1620 North Market Blvd.	(City) Sacramento	(State) (Zip Code) California 95834
DEPARTMENT Department of Parks and Recreation	DIVISION OR FACILITY State Parks	SECTION, BRANCH, UNIT, ETC.
POSITION CLASSIFICATION	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER (include area code)

REPRESENTATION INFORMATION (Complete if applicable)

REPRESENTATIVE'S NAME Steve Crouch, Director of Public Employees	ORGANIZATION AFFILIATION International Union of Operating Engineers	TELEPHONE NUMBER (include area code) 916-928-0399
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GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE On Going	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE
GRIEVANCE DESCRIPTION (Clear, concise statement. Attach additional sheets if necessary.)		

The Department of Parks and Recreation is placing our Unit 12 members (Park Maintenance Workers) who work in the state parks in Harm's Way by having them clean up homeless encampments on state property.

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

4.1 (A) Health and Safety

SPECIFIC REMEDY SOUGHT

1. That Parks and Recreation establish special hazmat crews of Unit 12 Parks and Recreation workers to perform the clean up.
2. That it is voluntary for Unit 12 Parks and Recreation workers to be assigned to the hazmat crews.
3. That Parks and Recreation properly outfit these crews with the necessary Personal Protective Equipment and clothing.
4. That Parks and Recreation provide any and all vaccinations necessary for workers who will perform this work.
5. That Parks and Recreation provides any and all necessary hazmat training for workers who will be performing this work.
6. That Parks and Recreation/CalHR provided these workers a special salary pay differential of 10% when assigned to these crews.

GRIEVANT'S SIGNATURE



DATE FILED


5-23-18

(For grievance level reviews I through IV, continue on reverse.)

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 9/2013) (REVERSE)


GRIEVANCE REVIEW--LEVEL I

DATE RECEIVED	LEVEL I REVIEWER (Signature) 	RESPONSE DATE
REVIEWER'S PRINTED NAME AND TITLE	TELEPHONE NUMBER (include area code)	


LEVEL I DECISION

<input type="checkbox"/> I concur and do not appeal to the second review level	<input type="checkbox"/> I do not concur and appeal to the second review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			


GRIEVANCE REVIEW--LEVEL II

DATE RECEIVED	LEVEL II REVIEWER (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL III--DEPARTMENT DIRECTOR OR DESIGNEE

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF HUMAN RESOURCES

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE	