

INTERNATIONAL UNION OF OPERATING ENGINEERS

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

January 18, 2018

Sent via Certified U.S. Mail
#7015 3010 0000 3910 2774

Mr. Randy Fisher
Chief Administrative Officer
California Prison Industry Authority
560 East Natoma Street
Folsom, CA 95630-2200

Dear Mr. Fisher:

The enclosed grievance is being filed at your level of review.

If you have any questions, please give me call at 916-928-0399.

Sincerely,



Steve Crouch
Direct of Public Employees

Enclosure

SC:dd:IUOE#39/afl-cio

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 9/2013)

BARGAINING UNIT NAME IUOE Craft and Maintenance Division 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 on behalf of all impacted employees		HOME TELEPHONE NUMBER (include area code) 916-928-0399	
HOME ADDRESS (Number and Street) 1620 North Market Blvd.	(City) Sacramento	(State) Ca	(Zip Code) 95834
DEPARTMENT California Prison Industry Authority	DIVISION OR FACILITY	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	ORGANIZATION AFFILIATION IUOE Unit 12	TELEPHONE NUMBER (include area code) 916-928-0399
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GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE On or about January 1, 2018 and is on-going	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE
GRIEVANCE DESCRIPTION (Clear, concise statement. Attach additional sheets if necessary.)		

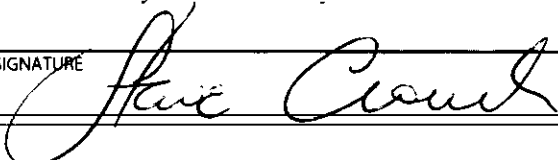
The California Prison Industry Authority (CalPIA) has blatantly violated the Unit 12 MOU Article 22- Entire Agreement and Savings Clause by unilaterally implementing their General Facilities Maintenance and Repair Program (GFMR) prior to meeting and conferring with the Union.

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

Article 22 Entire Agreement and Savings Clause, Section 22.1 and any other applicable sections of the MOU

SPECIFIC REMEDY SOUGHT

1. That the California Prison Industry Authority immediately cease and desist implementation of the GFMR program.
2. That the CalPIA cease and desist hiring employees to implement or assign to this program.
3. That the CalPIA make all impacted employees in bargaining Unit 12 whole.
4. That the CalPIA reimburse IUOE Unit 12 \$951.92 for the airfare of two Local 501 staff representatives to attend the meet and confer that was cancelled by the State twenty minutes before it was to begin.

GRIEVANT'S SIGNATURE 	DATE FILED 1-18-18
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(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	