

COUNTY OF SANTA CRUZ
 EMPLOYEE GRIEVANCE FORM
 DEPUTY PROBATION OFFICER UNIT

GRIEVANCE NO. _____
 (Management Representative
 obtains from Personnel Dept)

TO BE COMPLETED BY EMPLOYEE - Use ink or typewriter

Name _____ Class Title _____

Department _____ Division or Unit _____

Grievance occurred: Date _____ Time _____ Location _____

When did you first learn of the issue on which you are filing the grievance _____

Informal attempt to resolve:

Grievance discussed with _____

(Name and title of employee's supervisor)

On (date) _____ at (time) _____.

What else have you done to resolve this grievance _____

Statement of grievance, clearly indicating what the problem is and how your wages, hours
 or conditions of employment have been adversely affected: _____

Indicate Article or Section number and title which has been violated:

Memorandum of Understanding _____

Section 160 (Salary, Compensation & Leave Provisions) _____

Suggested corrective action _____

State who (if anyone) will represent you in this matter _____

Submitted to Step 1:	Submitted to Step 3:
Date submitted _____	_____
Signature of Grievant _____	Signature of Grievant _____
Date received _____	_____
Signature of Mgt Rep _____	Date received _____
Submitted to Step 2:	Signature of Mgt Rep _____
Date submitted _____	FOR TIMELINES AND PROCEDURES, SEE MOU ARTICLE 22.
Signature of Grievant _____	Any mutual waiver of time limits should in writing & a copy attached to this form.
Date received _____	Signature of Mgt Rep _____