CSEA SEIU LOCAL 2001 ST. POLICE LIEUTENANTS AND CAPTAINS (NP-9) GRIEVANCE FORM A (Rev. 10/16/2014)

OFFICIAL USE ONLY

Union Code: <u>18486</u>
Agency-Fiscal Yr-Series No.
Mgmt Code: ____

| NAME OF GRIEVANT: | Adam Rosenberg | EMPLOYER:DESPP | | | |
|--|---|--|---------------------------------------|--|--|
| OFFICIAL CLASS TITLE: | NP9 | DATE OF ALLEGED VIOLA | ATION: Ongoing | | |
| SPECIFIC CONTRACT PROVISION VIOLATED (Article, Section): Art.17 and any and all relevant contract articles and other provisions. | | | | | |
| Statement of Grievance (Facts and Issues Involved): | | | | | |
| Bargaining unit member is not be not been corrected. Employer ha | eing appropriately compensate is failed to follow the Contract | ed. Said member has made efforts to ha | ve pay corrected and said pay has | | |
| Specific Remedy Requested | d: | | | | |
| Make whole. Any and all approp | oriate remedies. | | | | |
| I hereby declare that all state | ments made herein are tr | ue and accurate to the best of my | knowledge, and I | | |
| desire representation in this g | grievance as follows: | • | | | |
| X My Representative will I | oe: <u>Joanna I. James</u> | of CSEA SEIU Local 2001 | | | |
| I will represent myself. | | | | | |
| —————————————————————————————————————— | loyee) | — (Signature of Re | (Signature of Representative) | | |
| DATE FILED AT STEP | 1:02/14/23 | | · · · · · · · · · · · · · · · · · · · | | |
| ANSWER AT STEP 1 (Subagency Designee):Doug Sauve, DESPP | | | | | |
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| <u>.</u> | | | | | |
| (Signature of Respondent) | | (Date of Meeting) | (Date of Response) | | |

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|---|-------------------------------------|--------------------------|--|--|--|
| I acknowledge settlement of my grievance: | | | | | |
| I appeal the decision and request review and response at next step: | | | | | |
| | | | | | |
| | | | | | |
| (Signature of Employee) | (Signature of Union Representative) | | | | |
| DATE EILED AT CTED 2. | | , | | | |
| DATE FILED AT STEP 2: | | | | | |
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| ANSWER AT STEP 2 (Agency Head or Designee) |) : | | | | |
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| | | | | | |
| (Signature of Respondent) | (Date of Meeting) | (Date of Response) | | | |
| | | | | | |
| I acknowledge settlement of my grievance: | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| I appeal the decision and request review and response | e at next step: | | | | |
| | | | | | |
| (Signature of Employee) | (Signature of II) | air and Branch and Air A | | | |
| (g 1 sj 2p.ss) soj | (Signature of Or | nion Representative) | | | |
| DATE FILED AT STEP 3: | | | | | |
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