



GRIEVANCE FACT SHEET: Disciplinary

This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional numbered pages to document all the details. It will be turned in to the local grievance committee along with a copy of the grievance (if filed) and grievance responses.

If the Steward determines that the grievance has **no merit**, the grievant will be given a copy of the Council Grievance Policy to advise them of their appeal rights and a copy of this form will be given to the local grievance committee.

DO NOT TURN THIS FORM IN TO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY!

GRIEVANT _____ AGENCY OR HIGHER EDUCATION INSTITUTION _____

CLASSIFICATION _____ SUPERVISOR _____

APPOINTING AUTHORITY _____

WORK LOCATION _____ HOURS OF WORK _____ DAYS OFF _____

What Happened? Also describe incidents, which gave rise to the grievance. _____

Who was involved? Give names and titles (include witnesses) _____

When did it occur? Give day, time, date(s): _____

Deadline to File Grievance: _____

Where did it occur? Specific locations _____

How did management violate the contract? _____

What specific remedy is requested? What must management do to correct the problem? _____

Additional comments. Use additional sheets. Number of additional sheets: _____

Personnel file reviewed: Yes No
Does this Grievance have merit? Yes If Yes: Grv # _____ No (If no, explain why) _____

Status of grievance: Date Filed: _____; Step 1: _____; Step 2: _____; Step 3: _____;

Pre-arb? No Yes; If yes, date of pre-arb: _____; Arb: _____

Mediation?: Yes No _____; **Alternate Dispute Resolution:** Yes No _____;

Grievance Resumption date: _____; **Date Grievance Resolved:** _____

GRIEVANT'S SIGNATURE _____ DATE _____

GRIEVANT'S HOME ADDRESS _____

Home Phone: _____ Work Phone: _____ CELL _____

E-Mail: _____

STEWARD NAME AND SIGNATURE _____ DATE _____

STEWARD'S HOME ADDRESS _____

Home Phone: _____ Work Phone: _____ CELL _____

E-Mail: _____

CHECK LIST FOR JUST CAUSE (also see reverse):

FOREWARNING

Yes

No

REASONABLE RELATED RULES

Yes

No

THOROUGH INVESTIGATION

Yes

No

FAIR INVESTIGATION

Yes

No

SUBSTANTIAL EVIDENCE

Yes

No

CONSISTENT

Yes

No

PUNISHMENT

Yes

No

JUST CAUSE ELEMENTS

1. **Advance Warning**: Did the employee know or should the employee have known that the behavior could result in disciplinary action? In many circumstances, actual communication of the rules, and possible penalties, must be communicated in advance.
2. **Reasonable Related Rules**: Is the rule or order reasonable, safe, and related to operational needs of the organization?
3. **Thorough Investigation**: Has a thorough investigation of the facts and circumstances been conducted, to include the employee's explanation, and/or evidence, prior to administering discipline?
4. **Fair, Objective Investigation**: Was the investigation conducted fairly and objectively? Even-handedly and without discrimination or pre-determination?
5. **Substantial Proof**: Is there substantial proof for management's case?
6. **Consistent**: Have the rules, orders, and penalties been consistently applied to this and other employees in the past?
7. **Punishment**: Was the discipline related to the seriousness of the offense, to the employee's record, and to the employee's level of responsibility within the organization?