**OFFICIAL GRIEVANCE FORM**

WASHINGTON FEDERATION OF STATE EMPLOYEES, AFL-CIO

 **Grievance #** SCENARIO5A

**Local:** 500 **Date filed:** July 25, 2017

**Name of Grievant(s):** Douglas **Classification (if known):** Fiscal Technician 2

**Agency or Higher Education Institution:** DSHS **Supervisor:** Robert

**Work location:** Yakima **Appointing Authority:** Gina

Directions: Any employee who desires to file a grievance must consult with a Union Representative (Steward/Chief Steward or WFSE Staff) who will complete this form and sign it, **in accordance with the appropriate grievance procedure**.

**Applicable Collective Bargaining Agreement (CBA):** General Government

Article(s) and Section(s) of the CBA violated, misapplied, and/or misinterpreted: 39.11

**Other violations (UW only):**

# Check one: [ ]  Discipline [x]  Non-discipline

Nature of the grievance and facts upon which the grievance is based: (State briefly but fully pertinent information such as date, place, who caused the action objected to (if known) and relevant inequitable or unfair treatment. Use additional sheets if necessary. **Number of attached sheets:**

On 7/14/17 the grievant received a written memo from his supervisor informing him that he could not perform new employee orientation work in his capacity as a shop steward unless both he and the new employee were off-duty. In addition, the memo directed that he could not partner with Union staff on the presentation of new employee information. The directives in the memo are in violation of Article 39.11 of the parties’ 2017-2019 CBA.

SPECIFIC REMEDY REQUESTED

1. The Employer will immediately cease denying the grievant the ability to carry out shop steward duties in accordance with the CBA.
2. All employees hired between 7/1/17 and the resolution of this grievance will be provided time with the grievant and/or WFSE staff representative for the purpose of completing new employee orientation in accordance with the CBA.
3. The grievant’s supervisor will be trained in Article 39 of the parties’ 2017-2019 CBA. The WFSE will be notified upon completion of the training.
4. The grievant will be made whole.

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Name and Signature of Union Representative: Grievant’s Signature (optional under all CBA’s)

WFSE Shop Steward

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Name and Title of Employer Representative Receiving Grievance **(Please print)** Signature of Employer Representative Date

Distribution: Employer Representative(s) (in accordance with the appropriate grievance procedure); Grievant; Steward; Staff Representative; Local/Council 28 Grievance Committee