ESC
MEMORANDUM OF UNDERSTANDING
GRIEVANCE FORM

For use only to process a grievance under the Grievance Procedure established in Article 18 of the Engineers and Scientists of California, Local 20 for Health Professional employees MOU.

NAME	JOB CLASSIFICATION
DEPARTMENT/DIVISION	
ASSOCIATION	

STEP I

AN INFORMAL DISCUSSION WITH YOUR IMMEDIATE SUPERVISOR.

Before completing the remainder of this form, an informal discussion with your immediate supervisor must take place within **fifteen (15)** calendar days from the date of the action causing the grievance. The immediate supervisor must respond within six (6) calendar days.

SUPERVISOR'S NAME	TITLE
DATE DISCUSSION HELD	DATE OF SUPERVISOR'S RESPONSE

STEP II

If the grievance was not resolved at Step I, state it in writing at this step and submit this form to your immediate supervisor with a copy to the county's director of labor relations within **seven (7)** days after receipt of the immediate supervisor's response from Step I.

DESCRIBE GRIEVANCE: Be specific, fully describe how the grievant is/was adversely affected (If more space is needed, use additional paper.)

DATE(S) OF INCIDENT(S)

MOU ARTICLE VIOLATED

REQUESTED SOLUTION	
EMPLOYEE'S SIGNATURE	DATE
SUPERVISOR'S DECISION	
SUPERVISOR'S SIGNATURE	DATE

STEP III

If the grievance was not resolved at Step II, the employee may appeal the decision to the department head, with a copy to the director of labor relations within **seven (7)** days after receipt of the written response at Step II.

DATE OF APPEAL	EMPLOYEE'S SIGNATURE
DEPARTMENT HEAD'S RESPONSE	
SIGNATURE	DATE

Step IV

If the grievance was not settled at Step III, consult the MOU for an appeal option or contact your Union Representative or the Director of Labor Relations.