



WORKING OUT OF CLASSIFICATION GRIEVANCE FORM



STATE OF OHIO - OCSEA, LOCAL 11 AFSCME, AFL-CIO

Date: _____ Grievance #: _____

Grievant Name: _____ Last 4 digits of Soc. Sec. #: _____

Home Address: _____ Work phone: (_____) _____

City, State, Zip: _____ Home phone:(_____) _____

Who is filing this grievance? Employee Union Grievant's Current Pay Range: _____ Step: _____

Work Location: _____

Immediate supervisor: _____ Work phone: (_____) _____

This is the address to which the Employer shall send the Step 1 Response:

Chapter Representative: _____ Work phone: (_____) _____

Home Address: _____

City, state, zip: _____ Steward Name: _____

Job Information:

Current Classification Specification Title: _____

Current Classification Specification Number: _____

List all duties being performed outside of your current classification. (Attach additional sheets if necessary):

Duty	Hours per Day	Days per Week

Date Employee began these duties: ___/___/___ Dates duties ended: ___/___/___

To what classification do you believe these duties belong:

Classification Title: _____ Classification #: _____

How closely is the employee supervised? Please include how often the employee discusses work or receives instructions from the supervisor:

Grievant or Union Signature: _____ Date: _____

Agency/OCB Response: _____ (due 35 days after management receives WOC grievance; attach additional comments if necessary.) Date Received: ___/___/___

Agency Director or Designee: _____ Date: _____

If no answer is received from management within 35 days or if the answer is unsatisfactory, immediately appeal grievance to the OCSEA OFFICE OF GENERAL COUNSEL.