

PLACER COUNTY GRIEVANCE PROCEDURE (Non-DSA represented employees)

In accordance with Section 3.08.290 of the Placer County Code

Prior to utilizing the provisions herein, all persons having a grievance shall make every effort to resolve such grievance by discussion with the person causing the grievance. If the grievance is not resolved to the grievant's satisfaction, then the grievant may utilize the formal procedure outlined below.

Step 1a: Employee Grievance Notification

(This section to be completed by the employee and submitted in writing to the immediate supervisor)

Last Name:	First Name:	Date:
Classification Title:	Department:	Division:
Description of Grievance <i>(Use attachment if necessary)</i> :		
Action Requested:		
Employee Printed Name:		
Employee Signature:		

Step 1b: Supervisor Decision

(This section to be completed by the immediate supervisor)

The immediate supervisor shall meet and discuss the grievance with the employee and his/her representative, if any, and reply in writing to the employee **within five (5) calendar days**.

Immediate supervisor met with employee to verbally discuss grievance on *(date)*:

Immediate Supervisor's Decision *(Use attachment if necessary)*:

Written reply given to employee on *(date)*:

Immediate Supervisor Printed Name:	Immediate Supervisor Title:
Immediate Supervisor Signature:	Date:

Step 2a: Request for Second-level Supervisor Review

(This section to be completed by the employee)

In the event that a settlement is not effected, the written grievance will be presented within **ten (10) calendar days** to the next level of supervision.

I do not wish further review of this matter. I wish further review of this matter.

Grievance presented to second-level supervisor on (date):

Second-level Supervisor Name:

Second-level Supervisor Title:

Employee Signature:

Date:

(If you indicated you do not wish to pursue your grievance further, retain a copy of this document for your records and return the original to your supervisor.)

Step 2b: Second-level Supervisor Decision

(This section to be completed by the second-level supervisor)

The second-level supervisor or his/her representative shall have **ten (10) calendar days** to investigate and render a written decision.

Second-level Supervisor Decision (use attachment if necessary):

Written reply given to employee on (date):

Second-level Supervisor Printed Name:

Second-level Supervisor Title:

Second-level Supervisor Signature:

Date:

Step 3a: Request for Department Head Review

(This section to be completed by the employee)

If a mutually satisfactory solution has not yet been reached, the grievant has **five (5) calendar days** to appeal in writing to the department head.

I do not wish further review of this matter. I wish further review of this matter.

Date grievance was presented to department head:

Department Head Name:

Department Head Title:

Signature of Employee:

Date:

(If you indicated you do not wish to pursue your grievance further, retain a copy of this document for your records and return the original to your supervisor.)

Step 3b: Department Head Decision

(This section to be completed by department head)

After the receipt of the grievance, the department head or his/her representative shall have **fourteen (14) calendar days** to investigate and render a written decision.

Department Head's Decision (Use attachment if necessary):

Written reply given to employee on (date):

Department Head Printed Name:

Department Head Title:

Department Head Signature:

Date:

Step 4a: Request for Mediation

If a mutually satisfactory resolution has not been reached either party may **within seven (7) calendar days** of issuance of the department head's written response, request the State Department of Mediation and Conciliation Services attempt to mediate the grievance.

I do not request further review of this matter.

I wish further review of this matter and will request mediation through the State Department of Mediation and Conciliation Services

Signature of Employee:

Date:

(If you indicated you do not wish to pursue your grievance further, retain a copy of this document for your records and return the original to your supervisor.)

Step 4b: Mediator Recommendation

(This section to be presented by the Mediator)

Date Request for Mediation Received:

Mediator's Recommendation *(Use attachment if necessary):*

Mediator Printed Name:

Mediator Title:

Mediator Signature:

Date:

Employee Request Following Mediation

(This section to be completed by the employee)

If the grievance is not settled through mediation, the employee may submit a formal complaint in accordance with section 3.08.300 – 3.08.340 of the Placer County Code (3.08.320 shall not be applicable to grievances)

I do not request further review of this matter.

I wish further review of this matter and will file a formal complaint

Employee Printed Name:

Date:

Employee Signature:

(If you indicated you do not wish to pursue your grievance further, retain a copy of this document for your records and return the original to your supervisor.)

Step 5: Civil Service Commission Review – If Applicable

(This section to be completed by the Civil Service Commission)

Date CSC Received:

CSC Decision *(Use attachment if necessary)*:

CSC Chairperson Printed Name:

CSC Chairperson Signature:

Date: