



# 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.