

# Electronic Grievance Filing System

Presented by

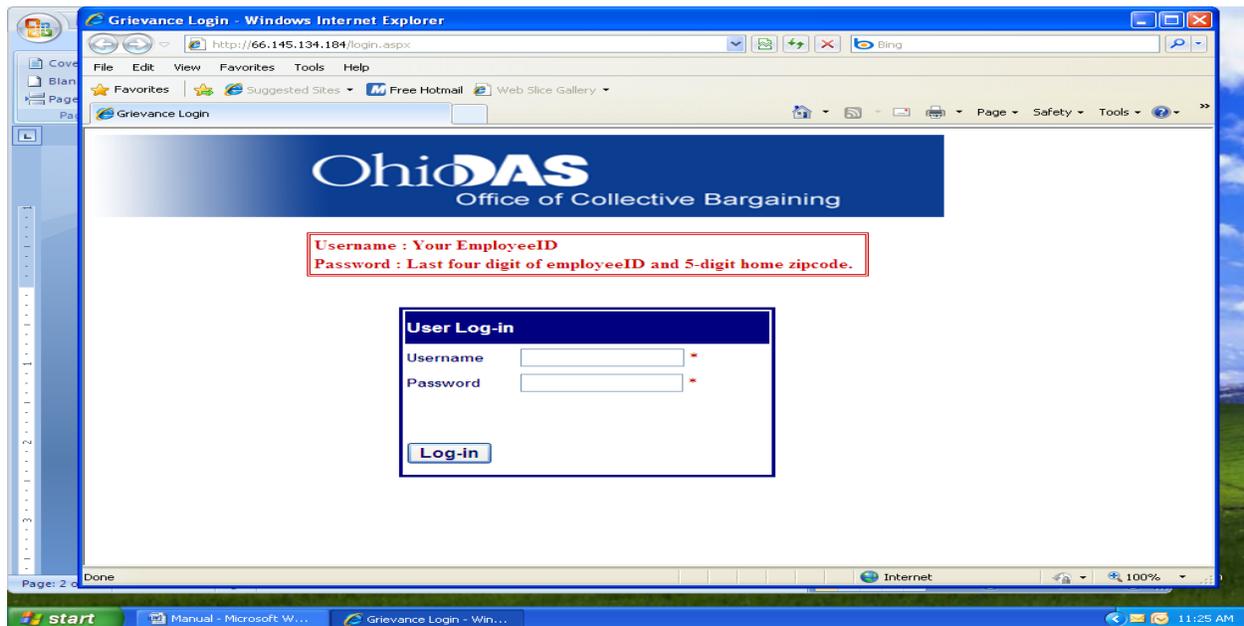
*Service Employees International Union, District 1199*



*State of Ohio Office of Collective Bargaining*

# OhioDAS

## Accessing the System:



The address for the Electronic filing System is <http://ocbgriev-efile.das.ohio.gov>

This screen is the same for both SEIU/1199 and Labor Relations employees and personnel.

The User ID will be the Employee ID of the grievant, delegate or agency labor relations personnel.

- Example: Employee ID is 10000001
- User ID will be 10000001

The password will be the last four of the Employee ID and the filing party's home zip code. There should be no white space in the password.

- Example: John Doe's Employee ID is 10000001, Home zip code is 43210
- Password will be 000143210

Access will be defined by the Employee ID.

- If the Employee ID belongs to a member or delegate of SEIU/1199, they will be routed directly to the "Grievance Form" screen and will have access to enter a grievance.
- If the Employee ID belongs to a Labor Relations Officer or Administrator, they will be routed directly to a screen that allows them to search for a grievance.
- If the Employee ID does not belong to an employee in a classification represented by SEIU/1199 or designated labor relations personnel, access will be denied.

Labor Relations personnel must request access to the system through the Office of Collective Bargaining (OCB).

## Filing a Grievance:

**THE STATE OF OHIO**  
**Grievance Form**

[Logout](#)  Class Action

Employee ID  Agency

Grievant's Name  Worksite

Grievant's Classification  E-mail Address

Work Phone Number  Home Phone Number

Grievant's Supervisor  Supv. Work Phone No.

Delegate's Name  Delegate's E-mail

Del Home Phone  Del Work Phone

Date Grievance Arose

Statement of Grievance (must be filed within 20 days of date grievance arose)

Contract Article(s) and Section allegedly violated, including but not limited to:  
(Use Ctrl key to select multiple Articles)

If a member or delegate is entering the system, he/she will be routed directly to the blank “Grievance Form” screen.

A grievance may be filed one of three ways:

- The member files on his/her own behalf: he/she will log-in under their own Employee ID and enter the same Employee ID on the “Grievance Form” screen.
- The Delegate files on the member’s behalf: he/she will log-in under their own Employee ID, but enter the member’s Employee ID on the “Grievance Form” screen. (Preferred)
- The Delegate files on the member’s behalf: he/she will log-in under their own Employee ID, and enter their own Employee ID on the “Grievance Form” screen, then designate the member’s name in the “Statement of Grievance” section.
  - Class Actions: Will be filed using this process. The delegate must list all members or attach a document listing the members represented in the class action in the “Statement of the Grievance” section. The delegate must also select the “Class Action” box in the upper right hand corner of the screen.

- If a class action pertains to all individuals in a specific classification, the filing member does not have to list each individual. Otherwise, if the class action pertains to "All Social Worker 1's" within an agency, the union should list all or have the list available if requested by the agency head or designee.

**THE STATE OF OHIO  
Grievance Form**

[Logout](#)  Class Action

Employee ID	<input type="text" value="10000000"/>	Agency	DRC
Grievant's Name	HUSSEY, KIMBERLY A	Worksite	MADISON CORRECTIONAL INST
Grievant's Classification	65512 Nurse 1	E-mail Address	<input type="text"/> *
Work Phone Number	<input type="text"/> *	Home Phone Number	<input type="text"/> *
Grievant's Supervisor	<input type="text"/> *	Supv. Work Phone No.	<input type="text"/> *
Delegate's Name	<input type="text"/> *	Delegate's E-mail	<input type="text"/> *
Del. Home Phone	<input type="text"/> *	Del Work Phone	<input type="text"/> *
Date Grievance Arose	<input type="text"/> *		
Statement of Grievance (must be filed within 20 days of date grievance arose) *			
<input type="text"/>			
Contract Article(s) and Section allegedly violated, including but not limited to:			
<input type="text"/>			

The Employee ID entered on this screen will be the ID recognized in the system as the filing party. To allow for accurate representation of the grievances filed, we encourage the member or delegate to reflect the grievant's Employee ID whenever possible.

The system will not allow a non-member to enter a grievance.

If the system recognizes the Employee ID as a member in a classification represented by SEIU, the system will unlock and allow for completion of the remaining fields.

- The Agency, Grievant Name, Worksite and Grievant's Classification will automatically populate based upon the Employee ID number entered.
- Example: Only the Employee ID number 10000000 was entered in the screen above, the remaining fields were automatically populated and are read only.

**THE STATE OF OHIO**  
**Grievance Form**

[Logout](#)  Class Action

Employee ID: 10000000 Agency: DRC

Grievant's Name: HUSSEY, KIMBERLY A Worksite: MADISON CORRECTIONAL INST

Grievant's Classification: 65512 Nurse 1 E-mail Address: kim.hussey@das.state.oh \*

Work Phone Number: 614-555-1212 \* Home Phone Number: 614-555-1213 \*

Grievant's Supervisor: Bobby Brown \* Supv. Work Phone No.: 614-555-1214 \*

Delegate's Name: Kate Nicholson Delegate's E-mail: kate.nicholson@das.state \*

Del. Home Phone: 614-555-1215 \* Del Work Phone: 614-555-1216 \*

Date Grievance Arose: 08/09/2010

Statement of Grievance (must be filed within 20 days of date grievance arose)

Overtime was called incorrectly.

Contract Article(s) and Section allegedly violated, including but not limited to:  
(Use Ctrl key to select multiple Articles)

24.03 - Overtime Assignment

All fields are required except for the option to attach documents.

- If one or more fields are not completed, the system will prompt you to complete the missing information. (Example: "Please check the Check box!" or "Your name cannot be empty.")

**It is essential that all email addresses entered are correct. Confirmation of the grievance being filed as well all other subsequent communications will be sent to the address as it is listed in the system.**

**Delegates may want to keep a document of common email addresses that they can copy and paste into the database.**

All phones numbers must be entered in the following format: xxx-xxx-xxxx.

The "Date Grievance Arose" must be entered in the following format: mm/dd/yyyy.

The "Statement of Grievance" should provide an overview of the events giving rise to the grievance.

- May be used to list the name of grievant if the delegate files on the behalf of a member using their own Employee ID.
- Class Actions: The delegate must list all members represented in the class action in this section of the grievance form. The delegate must also select the "Class Action" box in the upper right hand corner of the screen.

- If a class action pertains to all individuals in a specific classification, the filing member does not have to list each individual. Otherwise, if the class action pertains to "All Social Worker 1's" within an agency, the union should list all or have the list available if requested by the agency head or designee.

The screenshot shows a web browser window titled "Grievance Form - Windows Internet Explorer". The address bar shows the URL "http://ocbgriev-e-file.das.ohio.gov/Default.aspx". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The toolbar shows "Favorites", "Suggested Sites", "Free Hotmail", and "Web Slice Gallery". The main content area of the form contains the following elements:

- A label: "Contract Article(s) and Section allegedly violated, including but not limited to:"
- A sub-label: "(Use Ctrl key to select multiple Articles)"
- A list box containing the following items:
  - 24.03 - Overtime Assignment
  - 24.04 - Overtime and Compensatory Time
  - 24.05 - Jury Duty
  - 24.06 - Court Appearance
  - 24.07 - Meal Periods
  - 24.08 - Breaks
  - 24.09 - Required Meeting Attendance
  - 24.1 - Flexible Work Schedules
- A label: "Resolution Requested: To be made whole in every way, including:"
- A text area containing the text: "Overtime to be paid accordingly."
- A label: "Attached additional document here (Optional)"
- Two buttons: "Browse..." and "Upload"
- A checkbox that is checked, with the text: "By checking this box and typing my signature below, I affirm that the information submitted here is true and accurate to the best of my knowledge."
- A label: "Please type your name here" followed by a text input field containing "Kim Hussey" and a red asterisk.
- Two buttons at the bottom: "Submit Grievance" and "Reset"

The member or delegate must scroll down through the list of "Contract Articles and Sections Allegedly Violated" to find the contract article violated.

- If there is more than one contract article allegedly violated, the filing party must hold down "Ctrl" key while selecting all articles.

The filing party must specify remedy requested.

The filing party must check the check box to indicate that the information is accurate and that the typed signature is valid.

The filing party must type their name into the box at the bottom of the form.

The member or delegate may select "Reset" at the bottom of the grievance form if the information is inaccurate.

Once completed, the filing party must select the “Submit Grievance” button.

Once the filing party selects “Submit Grievance” the system will prompt him/her to review the grievance.

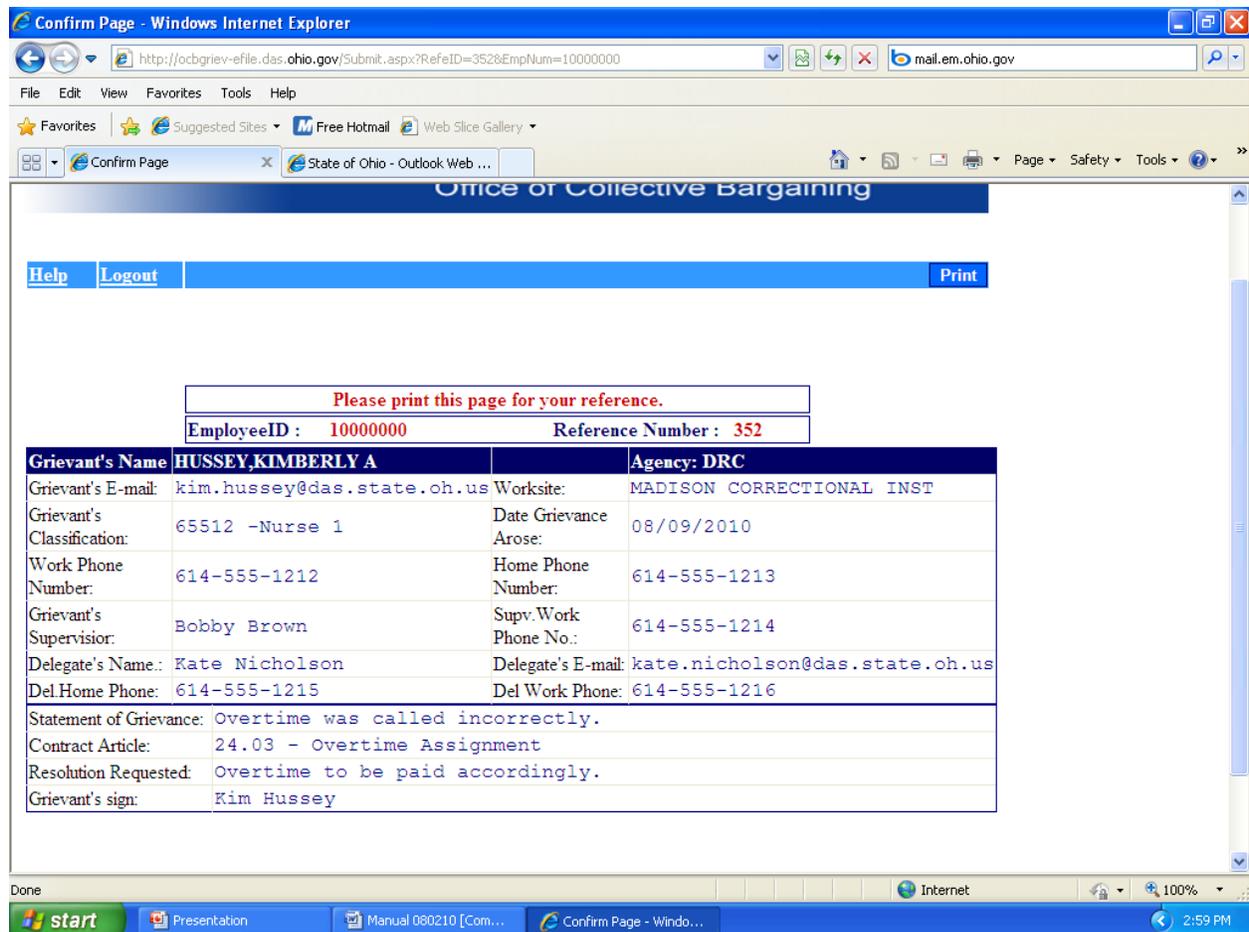
- “Are you sure you want to save? Changes cannot be made once you save.”
- It is critical that email addresses are correct to ensure notice is sent to the delegate and member.

Once the filing party confirms that the grievance should be saved, the filing party will see a **confirmation page**. (Below)

- Please note the Reference Number.

The filing party should print this page prior to logging out.

The grievance will be automatically forwarded to the designated agency email account that is tied to the grievant’s agency.



The member and delegate will also receive **confirmation email** once the grievance has been submitted.

- If the member or delegate does not immediately receive an email confirming that the grievance has been filed, they should contact labor relations to discuss how to communicate the grievance information.

This is the only time the member or delegate must enter the system. All other notifications will be sent to the member’s and delegate’s email address.

## Receiving Notice of a New Grievance:

Each agency has or will have an email account set up to receive all incoming grievance notifications.

The email includes the Employee ID, Reference ID, Employee's Name and Worksite.

Upon notice of a new grievance, the agency labor relations officer should then go into the grievance filing system to review and assign a number.

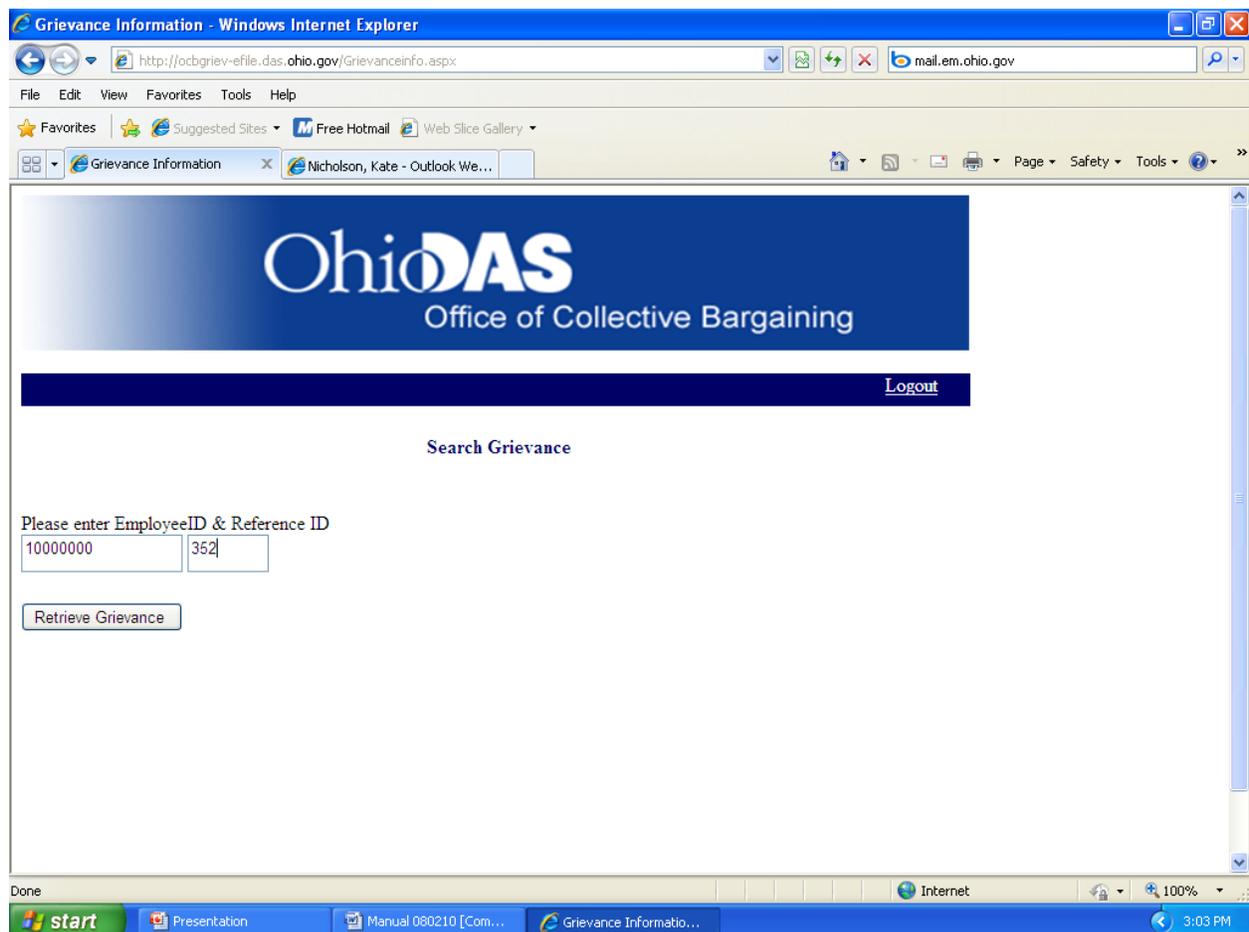
If an agency has multiple locations, the initial grievance notification email will be forwarded to an email account set up at the agency's Central Office.

- Central Office personnel should check the email account daily.
- Central Office personnel will then forward the email to the Institution/District personnel.

## Searching for a New Grievance

When an agency labor relations representative enters their User ID and password, he/she will be routed directly to the screen below to search for the grievance by Employee ID and Reference Number.

- Employee ID = 10000000, Reference ID = 352



The screenshot shows a Windows Internet Explorer browser window displaying the OhioDAS Office of Collective Bargaining website. The browser's address bar shows the URL <http://ocbgriev-efile.das.ohio.gov/Grievanceinfo.aspx>. The page features the OhioDAS logo and the text "Office of Collective Bargaining". A "Logout" link is visible in the top right corner. Below the logo, the text "Search Grievance" is displayed. A form prompts the user to "Please enter EmployeeID & Reference ID". The EmployeeID field contains "10000000" and the Reference ID field contains "352". A "Retrieve Grievance" button is located below the input fields. The browser's taskbar at the bottom shows the "start" button, several open applications including "Presentation", "Manual 080210 [Com...", and "Grievance Informatio...", and the system tray showing "Internet", "100%", and "3:03 PM".

The agency labor representative will then be routed to the “Grievance Information” screen to review a summary of the grievance information and view any attachments.

The information on this page is similar to the confirmation page that the member and/or delegate printed prior to logging out.

## Assigning a Grievance Number

Once the agency labor relations personnel have been routed to the “grievance information” screen, they will have additional tabs available at the top of the screen.

- Search New Grievance
- Assign Grievance Number
- Agency Step 1 Response
- View Agency Response

Since this is a new grievance, the agency should assign a grievance number by selecting the “Assign Grievance Number” link in the blue navigation bar.

**Office of Collective Bargaining**

[Search New Grievance](#) [Assign Grievance Number](#) [Agency Step 1 Response](#) [View Agency Response](#) [Logout](#)

[Print](#)

**Grievance Information**

<b>Grievant's Name</b>	<b>HUSSEY, KIMBERLY A</b>	<b>Agency:</b>	<b>DRC</b>
EmployeeID:	10000000	Reference ID:	352
Grievant's E-mail:	kim.hussey@das.state.oh.us	Worksite:	MADISON CORRECTIONAL INST
Grievant's Classification:	65512 -Nurse 1	Date Grievance Arose:	08/09/2010
Work Phone Number:	614-555-1212	Home Phone Number:	614-555-1213
Grievant's Supervisor:	Bobby Brown	Supv. Work Phone No.:	614-555-1214
Delegate's Name.:	Kate Nicholson	Delegate's E-mail:	kate.nicholson@das.state.oh.us
Del.Home Phone:	614-555-1215	Del Work Phone:	614-555-1216
Statement of Grievance:	Overtime was called incorrectly.		
Contract Article:	24.03 - Overtime Assignment		
Resolution Requested:	Overtime to be paid accordingly.		
Grievant's Sign:	Kim Hussey		

[Click here](#) to View Grievant's Attachment

The agency representative must assign the grievance number.

- First Box: Two digit agency assigned number
- Second Box: Two digit Division/Institution assigned number
- Third Box: Eight digit date (YYYYMMDD)
- Fourth Box: Four digit grievance number (sequential order, resets each year)
- Fifth Box: Two digit union assigned number (SEIU/1199 = "02")
- Sixth Box: Two digit bargaining unit number (Either "11" or "12" depending on classification)

Once a grievance has been assigned a grievance number, this tab will no longer be available at the top of the screen when reviewing the grievance.



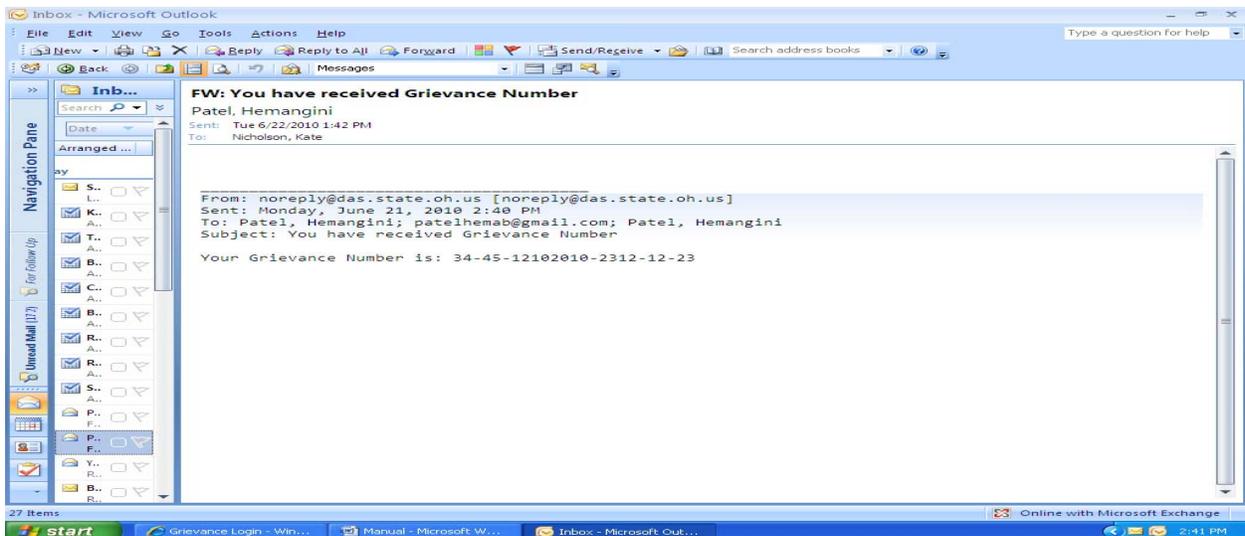
Once the grievance number is accepted, the agency representative will see the following screen:



The "Employee ID and Reference ID", "Grievance Number" and "Date Received by Agency" are automatically populated.

The Agency representative should "Logout" and contact the designated delegate to schedule a Step 1 meeting within 45 days of receipt of the grievance.

As a grievance is assigned a number, both the **employee and delegate will be notified by email of the grievance number.**



## Entering the Step 1 Response:

Once the meeting has been conducted, the agency representative should return to the Grievance Filing System and report out the Step 1 information.

He/she will go to the log-in screen, and will be routed to the “Search Grievance” screen where they must enter the Employee ID and reference number. They will then be routed to the “Grievance Information” screen and will select the “Agency Step 1 Response” link in the blue navigation bar.

**STEP 1**  
Response is by the Grievant's Agency Designee

EmployeeID & RefID: 10000000 352      Grievance Number: 01-00-20100809-0005-02-11

Date Received by Agency 8/9/2010 2:59:17 PM Designee      Date of Step 1 Meeting (must be within 45 days of receipt): 08/15/2010

Step 1 Response: (must be within 15 days of the meeting)  
Overtime was called correctly based upon aggregate hours.

Please Make a Selection:  
 Withdrawn  
 Settled  
 Denied  
 Granted

Step 1 Official Signature: Joe Smith      Upload Document: [Browse...]  
Title: Labor Rel. Officer      [Upload]

[Save]

All fields must be completed:

- “Date of Step 1 Meeting” must be entered in following format: mm/dd/yyyy
- “Step 1 Response” is a summary of labor relations officer’s finding
- “Disposition of the grievance” must be one of the following: Withdrawn, Settled, Denied or Granted
- Step 1 Official Signature
- Title of Step 1 Official

If the system reflects the grievance has been withdrawn, settled or granted, the agency labor representative may choose to upload the pdf document(s) that closed the grievance prior to saving.

The labor relations representative should review the information for accuracy, then save the Step 1 response.

## View Grievance Information:

After the labor relations representative has saved their step 1 response, they will be routed to the “View Agency Response” screen for this grievance.

Grievant's Name	HUSSEY, KIMBERLY A	Agency:	DRC
EmployeeID:	10000000	Reference ID:	352
Grievant's Email:	kim.hussey@das.state.oh.us	Worksite:	MADISON CORRECTIONAL INST
Grievant's Classification:	65512 -Nurse 1	Date Grievance Arose:	08/09/2010
Work Phone Number:	614-555-1212	Home Phone Number:	614-555-1213
Grievant's Supervisor:	Bobby Brown	Supv. Work Phone No.:	614-555-1214
Delegate's Name.:	Kate Nicholson	Delegate's E-mail:	kate.nicholson@das.state.oh.us
Del.Home Phone:	614-555-1215	Del Work Phone:	614-555-1216
Statement of Grievance:	Overtime was called incorrectly.		
Contract Article:	24.03 - Overtime Assignment		
Resolution Requested:	Overtime to be paid accordingly.		
Grievant's Sign:	Kim Hussey		
<a href="#">Edit</a>			
GrievanceNumber	01-00-20100809-0005-02-11	Grievance Status	The Grievance is Denied
Step1 Meeting Date:	08/15/2010	Step1 Officialsign:	Joe Smith
Official Title:	Labor Rel. Officer	Response Date:	8/9/2010 4:52:49 PM
Step1 Response:	Overtime was called correctly based upon aggregate hours.		

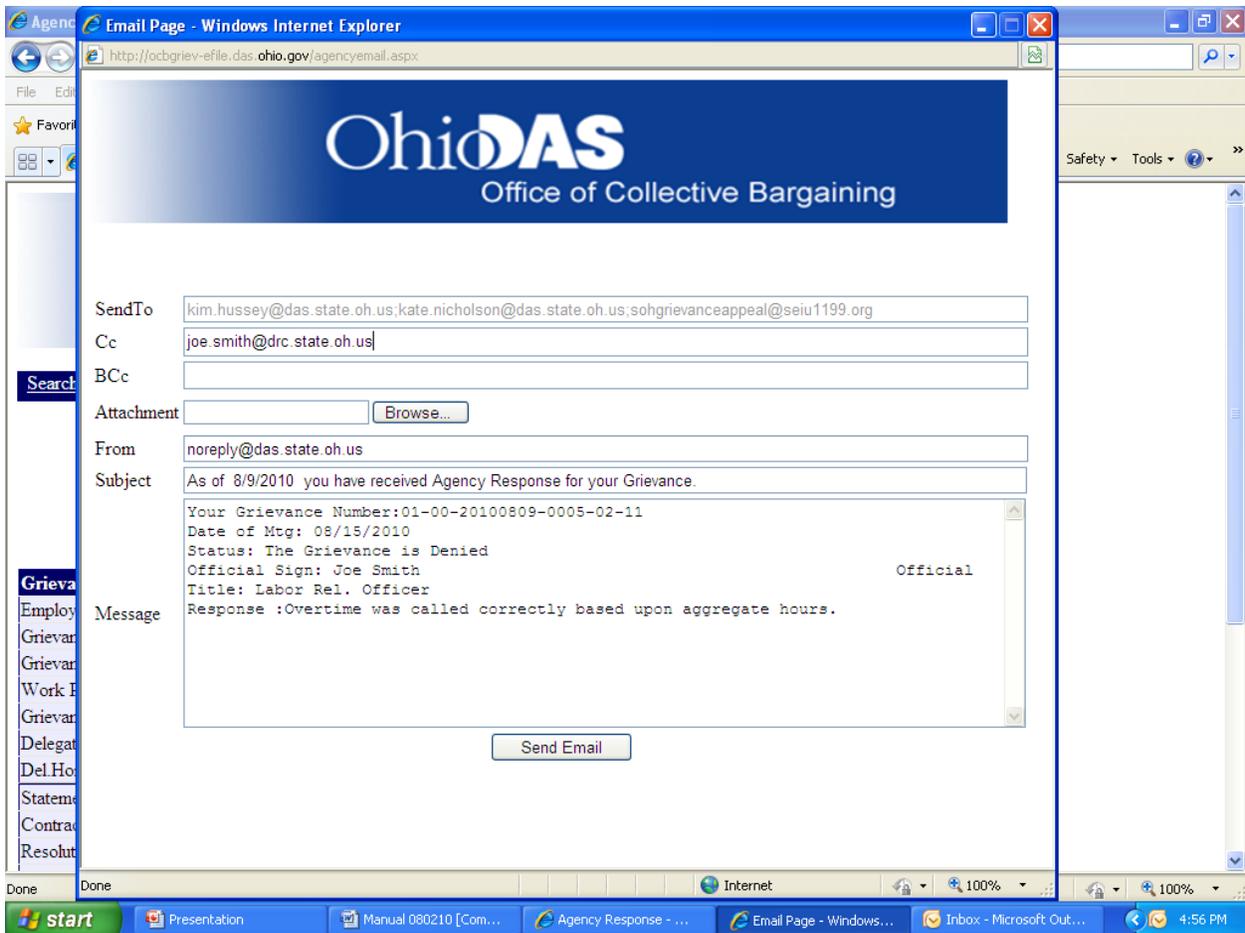
The Agency labor representative should review the items in the shaded area and edit if needed.

- After editing, select “Update” button.
- If no changes are needed, select “Cancel” button.

Once done, the representative may select the “Print” button.

The agency representative must select the “Email” button in the top right hand corner in order to send the response.

Regardless of the method of closure, the member and delegate will receive an email notification.



The “Send To” field is automatically populated by the grievant and delegate names, and is read only.

The Agency LRO should **add their name in the “Cc” field in order to maintain records** in their email account of the response being sent.

A pop up box message will announce that the email has been sent. Once labor representative selects “ok” the entire window will close.

If the grievance is denied, the email notification will also be sent to SEIU/1199 headquarters.

- The Intent to Arbitrate will be sent to the OCB designated e-grievance email account (www.ocb.1199egrievance @das.state.oh.us) to preserve timelines.

## Electronic Grievance Entry Grievant Log-in

1	Go to the electronic grievance web site: <a href="http://ocbgriev-efile.dasohio.gov">http://ocbgriev-efile.dasohio.gov</a>
2	Enter in <b>Username</b> and <b>Password</b>
3	Click " <b>Log-in</b> "
4	Enter in " <b>Employee ID #</b> " (Red asterisks will pop up next to the fields that are required to be filled in)
5	Enter in " <b>E-mail Address</b> "
6	Enter in " <b>Work Phone Number</b> " (with area code)
7	Enter in " <b>Home Phone Number</b> " (with area code)
8	Enter in " <b>Grievant's Supervisor</b> "
9	Enter in " <b>Supv. Work Phone No.</b> "
10	Enter in " <b>Delegate's Name</b> "
11	Enter in " <b>Delegate's E-mail</b> "
12	Enter in " <b>Del. Home Phone</b> "
13	Enter in " <b>Del. Work Phone</b> "
14	Enter in " <b>Date Grievance Arose</b> "
15	Please use the space provided under " <b>Statement of Grievance</b> " to provide an account of the grievance.
16	Please select the " <b>Contract Article(s) Section allegedly violated</b> " (To select one Contract Article simply use your left mouse button and click on the Article that applies.) (To select more than one Contract Article, hold down Ctrl and use to the left mouse button to click on all the Articles that apply.)
17	In the " <b>Resolution Requested</b> " field please provide the desired resolution.
18	Review the information entered and confirm information is correct by clicking " <b>check box</b> "
19	Sign the grievance form by typing in your name at the bottom of the page.
20	Once you have filled out all the required fields, you may click on the " <b>Attach additional Document here (Optional)</b> " button to attach a document.
21	Click on the " <b>Browse</b> " button to search for the document you would like to attach.
22	Select the document and click " <b>Open</b> "
23	Click " <b>Upload</b> "
24	After all the fields have been entered, click on " <b>Save Grievance</b> "
25	Click " <b>OK</b> " if you have reviewed the information entered. Click " <b>Cancel</b> " if you need to go back and make changes.
26	Click " <b>PRINT/SUBMIT</b> " to submit your grievance to the agency.

## Agency Step 1 Response

<b>1</b>	Go to the electronic grievance web site: <a href="http://ocbgriev-efile.dasohio.gov">http://ocbgriev-efile.dasohio.gov</a>
<b>2</b>	Enter in <b>“Username”</b> and <b>“Password”</b>
<b>3</b>	Click <b>“Log-in”</b>
<b>4</b>	Enter in <b>“Employee ID #”</b> – This will be the employee’s ID that has filed the grievance. You should have received an email containing the <b>“Employee’s ID”</b> and <b>“Reference ID”</b> .
<b>5</b>	Enter in <b>“Reference ID”</b> – Again, this should have been provided in the email that was generated when the grievant submitted their electronic grievance.
<b>6</b>	Click on <b>“Retrieve Grievance”</b>
<b>7</b>	You can review the grievance information. Once you have done so, click on the <b>“Agency Step 1 Response”</b> link at the top of the page.
<b>8</b>	This next page will be the information the agency needs to fill-in in response to the grievance.
<b>9</b>	Enter in the <b>“Grievance Number”</b> . This should be generated at the agency level continuing the existing practice of how grievance numbers are created.
<b>10</b>	Fill in the <b>“Date of Step 1 Meeting”</b>
<b>11</b>	Fill out the <b>“Step 1 Response”</b> text box.
<b>12</b>	In the <b>“Please make a selection”</b> section, check one of the options provided: <b>“Withdrawn, Settled, Denied, Granted”</b>
<b>13</b>	Enter in your name under the <b>“Step 1 Official Signature”</b>
<b>14</b>	Enter in your title under <b>“Title”</b>
<b>15</b>	If you have additional documentation, you may click <b>“Browse”</b> and <b>“Upload”</b> to attach one additional document. <b>(A total of only one document can be uploaded.)</b>
<b>16</b>	After you have entered in all the fields, click on the <b>“Save”</b> button.
<b>17</b>	An alert box will pop up asking if you are sure you want to save. Click <b>“OK”</b> if you have reviewed the information and it is correct. Click <b>“Cancel”</b> if you want to make changes or if something is wrong. *Once you have clicked <b>“OK”</b> , you cannot change any of the information so be sure that all the information you have entered is correct before you click <b>“OK”</b>
<b>18</b>	The next page shows you the grievance information and the step 1 information that you just filled out. On this page, you are given options to search for different grievances under <b>“Search New Grievance”</b> ; you can <b>“View Grievance Info”</b> ; or you can fill out another <b>“Agency Step 1 Response”</b> .
<b>19</b>	Once you have completed filling out your agency response and you are done you can click on <b>“Logout”</b> to logout of the database.