

Grievance Procedures & Instructions

CS Form 6A

Policy & Informal Discussion:

It is the intent and desire of the Hillsborough County Civil Service Board to encourage discussion of any employee grievance on an informal basis between the supervisor and an employee. Such discussion should be held with a view to reach an understanding which will resolve the matter without the need for recourse to the written grievance procedures.

However, any member of the classified service shall have the right at any time to secure consideration of any grievance without fear of reprisal, retaliation, or discrimination. Matters of concern to employees should be treated seriously, promptly, and with as much confidentiality as possible by those person in a position to provide redress.

<u>Form:</u>	<u>Forwarded to:</u>
CS Form 6A.....	Immediate Supervisor
CS Form 6B.....	Second-line Supervisor
CS Form 6C.....	Next-in-line Supervisor (form for contacting each additional supervisor up to the agency head)
CS Form 6D.....	Civil Service Office

Filing a Grievance with your Immediate Supervisor

CS Form 6A

Step #1: In order to file a grievance, you must complete and present CS Form 6A to your immediate supervisor within 5 working days, or 1 calendar week after the rule violation.

- Section 1:** Please complete this section with your immediate supervisor's name, the current date, as well as the date of the incident in the appropriate areas.

Section 2: Please state ALL of the Civil Service Law or Rule(s) and/or Appointing Authority Policy(s) that have been violated.

 - Please describe very specifically ALL of the details & situation of your grievance. It is important that you be specific in the full nature of the situation and details because those issues, and ONLY those issues documented on CS Form 6A will be addressed in future correspondence. If you have any additional issues that surface later within the grievance process, you may ONLY address those additional issues as SEPARATE grievances through additional CS Forms 6A. If you need additional space to describe your grievance, use a separate piece of paper and attach it to the form.
 - Please indicate what you feel would be an appropriate solution or action to be taken to resolve your grievance.
 - Please indicate the number of attachments to your CS Form 6A, as well as printing & signing your signature in the appropriate area.

* *It may be in your best interest to make copies of all sent & received forms throughout the grievance process for your own records & documentation!*

Step #2: Present your grievance (CS Form 6A) to your immediate supervisor who then has 5 working days to review (7 calendar days), respond, and return the completed form to you.

Step #3: If you are not satisfied with the solution that your immediate supervisor provides, then you may direct ONLY the grievance stated on the original CS Form 6A to the second level of the process. Any additional grievances or issues that should arise MUST be addressed on a SEPARATE form.

- Section 3:** If you agree with your immediate supervisor's solution, please complete this section with your immediate supervisor's name, the current date, an "X" marked if you agree with the presented solution, your signature, and then return a copy of the CS Form 6A to your immediate supervisor for documentation.

* *If your immediate supervisor does not respond within 5 working days (7 calendar days) of receipt of your CS Form 6A or you do NOT agree with his/her presented solution, you may then proceed to using CS Form 6B.*

Hillsborough County Civil Service
Employee Grievance Form
CS Form 6A

Section 1:

To: _____
(Immediate Supervisor)

(Today's Date)

NOTE: To be acceptable, a grievance must be filed within five (5) working days, or seven (7) calendar days following the occurrence of the incident, or the series of related incidents.

(Date of Incident)

Section 2:

In accordance with Civil Service Rule 14, I respectfully request your consideration in resolving the matter as described below.

I believe this grievance matter is in violation of the following Civil Service Law or Rule(s) and/or Appointing Authority Policy(s): _____

STATEMENT OF GRIEVANCE: (Please attach additional pages if necessary) _____

What do you think should be done to resolve this grievance? (Please attach additional pages if necessary) _____

(Employee's Signature)

(Employee's Printed/Typed Name)

_____ Number of Attachments

Immediate Supervisor Response:

To: _____
(Employee/Grievant)

(Today's Date)

NOTE: The immediate supervisor must respond no later than five (5) working days, or seven (7) calendar days, whichever is sooner.

(Date of Receipt)

I have reviewed the grievance as described above and offer the following comments: (Please attach additional pages if necessary) _____

Should this remedy not meet your expectations, you are hereby advised that in accordance with Civil Service Rule 14, you may present this matter to _____ for his/her consideration.
(Second-Line Supervisor)

(Immediate Supervisor's Signature)

(Immediate Supervisor's Printed/Typed Name)

_____ Number of Attachments

(Immediate Supervisor's Title)

Section 3:

To: _____
(Immediate Supervisor)

(Today's Date)

I accept your solution to the grievance as presented.

NOTE: If you do NOT accept your immediate supervisor's solution you may forward your grievance on CS Form 6B to your second-line supervisor.

(Employee's Signature)