

Grievance Procedures & Instructions

CS Form 6B

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

Appealing the decision to your Second-line Supervisor

CS Form 6B

Step #1: To appeal the decision of your immediate supervisor to the next level, you must present the CS Form 6B to your second-line supervisor within 5 working days, or 1 calendar week after receipt of the response, or lack thereof, from the responding management official.

- ✓ In addition to completing CS Form 6B, you must attach a copy of the original CS Form 6A so that your second-line supervisor has the information available as to original grievance and the proposed solution by your immediate supervisor.

Section 1: Please complete this section with your second-line supervisor's name, the current date, as well as the date that you received your immediate supervisor's response.

Section 2: Please fill in the date that your immediate supervisor received your CS Form 6A.

- Please indicate the reasons that you are appealing your immediate supervisor's decision. It is important that you only address the reasons why you are appealing the decision, NOT additional grievances. Any additional grievances or issues that should arise **MUST** be addressed on a SEPARATE form.
- Please indicate the number of attachments to your CS Form 6B, 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 6B & attached CS Form 6A) to your second-line 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 second-line supervisor provides, then you may direct **ONLY** the grievance stated on the original CS Form 6A to the third level of the process.

Section 3: If you agree with your second-line supervisor's solution, please complete this section with your second-line 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 & 6B to your second-line supervisor for documentation.

✱ *If your second-line supervisor does not respond within 5 working days (7 calendar days) of receipt of your CS Form 6B or you do not accept your second-line supervisor's solution, you may then proceed to using CS Form 6C.*

Hillsborough County Civil Service
Employee Grievance Form
CS Form 6B

Section 1:

To: _____
(Second-line Supervisor)

(Today's Date)

NOTE: To be acceptable, an appeal must be filed within five (5) working days, or seven (7) calendar days following the immediate supervisor's suggested solution.

(Date of Immediate Supervisor's Response)

Section 2:

In accordance with Civil Service Rule 14, I respectfully request your further consideration in resolving the matter as described on the attached Civil Service Form 6A. As evidenced by the attached Civil Service Form 6A, this grievance was first presented to my Immediate Supervisor for his/her consideration on _____
(Date of 1st submittal)

REASON FOR APPEALING MY IMMEDIATE SUPERVISOR'S DECISION: (Please attach additional pages if necessary) _____

(Employee's Signature)

(Employee's Printed/Typed Name)

_____ Number of Attachments

Second-line Supervisor Response:

To: _____
(Employee/Grievant)

(Today's Date)

NOTE: The second-line 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 on the attached Civil Service Form 6A, the response of your Immediate Supervisor, your reason for appeal; 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.
(Next-in-Line Supervisor)

(Second-line Supervisor's Signature)

(Second-line Supervisor's Printed/Typed Name)

_____ Number of Attachments

(Second-line Supervisor's Title)

Section 3:

To: _____
(Second-line Supervisor)

(Today's Date)

I accept your solution to the grievance as presented.

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

(Employee's Signature)