

STATE OF NEW YORK - UNIFIED COURT SYSTEM  
**AND**  
CML SERVICE EMPLOYEES ASSOCIATION, INC., LOCAL 1000, AFSCME, AFL-CIO

NON-CONTRACT GRIEVANCE FORM

*To be submitted by Grievant or Civil Service Employees Association (CSEA) Grievance Representative within 45 calendar days of the event giving rise to the grievance.*

Grievant's Name: \_\_\_\_\_ Grievant's Title: \_\_\_\_\_

Grievant's Work Address: \_\_\_\_\_

Court or Court-Related Agency: \_\_\_\_\_

CSEA Negotiating Unit: \_\_\_\_\_

Grievant's Supervisor: \_\_\_\_\_

CSEA Grievance Representative (Name, Address and Phone Number): \_\_\_\_\_

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- Judicial Districts (3-8 or Part of 9,10) (Submit Grievance to the District Administrative Judge)
  - cl Court of Appeals (Submit Grievance to Chief Clerk)
  - cl Court of Claims (Submit Grievance to the Presiding Justice of the Court of Claims)
  - cl Appellate Division (Submit Grievance to the Presiding Justice of the Appellate Division)
  - cl Office of Court Administration (Submit Grievance to the Director of the Unit)

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The Non-Contract Grievance concerns (check applicable area):

- \_\_\_\_\_ Unreasonable work assignments or conditions.
  - \_\_\_\_\_ Discriminatory supervisory practices except insofar as such practices as alleged would constitute violations of law.
  - \_\_\_\_\_ A claimed violation, misinterpretation or misapplication of the rules or regulations, written policy or orders of the State.
  - \_\_\_\_\_ A claimed assignment of employees to duties substantially different from those stated in their job specifications. (*Cairns under this provision to be submitted directly to the Director of Employee Relations.*)
  - \_\_\_\_\_ A claimed improper holding of an open competitive rather than a promotional examination.
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Date of Occurrence: \_\_\_\_\_

Statement of Facts (Use additional sheets if necessary): \_\_\_\_\_

Remedy Sought: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Aggrieved Employee: \_\_\_\_\_ (Print Name)      Aggrieved Employee: \_\_\_\_\_ (Signature)

*Check to make sure all required information, including provisions involved, has been provided before submitting form.*

1ST STEP DETERMINATION

Date Grievance Received: \_\_\_\_\_      Date Determination Issued: \_\_\_\_\_

Determination by Management Representative or Designee, attached.

*NOTE: This form should be returned to Grievant, together with Step 1 Determination.*

STEP 2 - APPEAL

*In the event Grievant or Union wishes to appeal the Step 1 determination, this form must be submitted to the Director of Employee Relations within 15 days of receipt of the Step 1 determination or the date the Step 1 & termination was due.*

The determination at Step 1 is unsatisfactory. The following issues have not been resolved:

Date Submitted: \_\_\_\_\_

Aggrieved Employee: \_\_\_\_\_ (Print Name)      Aggrieved Employee: \_\_\_\_\_ (Signature)

*NOTE: You must send a copy of this Appeal to the District Administrative Judge at the same time this Appeal is submitted to the to the Director of Employee Relations.*

2ND STEP DECISION

Date Appeal Received: \_\_\_\_\_      Case No.: \_\_\_\_\_

Date Decision Issued: \_\_\_\_\_

Determination by Director of Employee Relations Attached.