**HPAE GRIEVANCE WORKSHEET**

****

*This HPAE worksheet is an internal, union document and must not be provided to management. This form is designed to assist identification of relevant facts, proofs, and arguments of a grievance. Information pertinent to the case must be collected as soon as possible and submitted as a complete package while filing to the State for arbitration. Use additional pages as necessary. Section 1-3 to be completed by Grievance Chairperson. Section 4 to be completed by Staff Representative.*

**Local:  Date: Number (optional): Date of Violation:**

**Grievant(s): Officer/Rep: **

**Date of Hire: Job Title: Unit/Shift:  Status (FT, PT, PD, other) **

**Phone #:  Email: **

**Type of Violation:**  **Contract**  **Discipline**  **Past Practice**  **Policy**

**Reported to Professional Board** **yes**  **no**

**Grievance file at Step: Submitted to:  Date:**

**Grievance file at Step:  Submitted to: Date: **

**Grievance file at Step:  Submitted to:  Date: **

**Arbitration filing Deadline: **

***SECTION 1 – BASIC ISSUES, FACTS, AND ARGUMENTS***

**Discipline Levied (**warning, suspension, termination, etc)

**Contract Section(s) and/or policy(ies) violated**       **Issue Background/Facts of the Case:   
Include just cause elements in narrative/refer to section 3 Analysis**

**Remedy Sought (made whole in every respect including)**     

**Union’s Position:**

**Employer Position:**

***SECTION 2 – INFORMATION AND DOCUMENTS***

#### Information Checklist: In file Requested But Not Provided Not Applicable

Grievance Form:

Grievance Decision letters:

Discipline Notice:

Personnel File (relevant info):

Applicable Facility Policies:

Complaints/letters:

Patient Chart:

Witness statements:

Contract language

**Information requests to management** (Include requests and responses in file):

**#1 – Sent to: Date: Information requested: **

      **#2 – Sent to: Date: Information requested: **

**Witness Statements** (**Please provide additional names on a separate sheet if needed. Attach full statements to file**):

**#1 – Name: Date:**

**Summary of statement:**      

**#2 – Name: Date:**

**Summary of statement:**       

**3 – Name: Date:**

**Summary of statement:**      

**Grievant – Previous Disciplines:** If there are previous disciplines, list by date, level of discipline, and result of grievance

     

****

***SECTION 3 – ANALYSIS***

Did the Employer have “just” or good cause for the discipline?

*Elaborate below only if not included in narrative.*

|  |  |
| --- | --- |
| **Element** | **Analysis-**(Elaborate below only if not included in the narrative) |
| Reasonable Rule  *Was the rule or order reasonably related to the (a)orderly, efficient, and safe operation of the department/unit or(b) standards of job performance that might be properly expected of employees?* | Union’s Position: |
| Employers Position: |
| Notice  *Did the employee receive adequate notice that the particular conduct would have disciplinary consequences?* | Union’s Position: |
| Employers Position: |
| Due Process  *Before administering discipline, did the employer conduct a thorough investigation? Was the employee intimidated and coerced in the course of the investigation: Did the employee have the right to union representation during the investigation?* | Union’s Position: |
| Employers Position: |
| Proof  *Did the investigation produce substantial evidence or proof that the employee actually violated a rule or order?* | Union’s Position: |
| Employers Position: |
| Equal Treatment  *Is the employer consistent in its application of the rule or policy that the discipline was based on? Is the employee who is disciplined being treated more harshly than others?* | Union’s Position: |
| Employers Position: |
| Appropriate Discipline/Mitigating Circumstances  *Was the discipline proportionate to the seriousness of the offense and the work record/seniority of the employee?* | Union’s Position: |
| Employers Position: |
| Progressive Discipline  *Did the employer use the discipline process in a corrective and remedial way? For relatively minor offenses, did the employer use progressive discipline?* | Union’s Position: |
| Employers Position: |

**Any similar, previous grievances or arbitrations?**  Yes  No

If Yes, provide date and outcome of the grievances/arbitrations:

#1:

#2:

#3:

**Reviewed by Local Executive Board**   Approve   Disapprove **Date:**

If disapproved, date of letter to grievant regarding LEB Decision and their right to appeal to SEC: 

**Signature of Grievance Chair  Date:**

***SECTION 4 – EVALUATION AND DECISION***

**Strengths and Weaknesses of the Grievance (To Be Completed by Staff Rep):**

**Strengths:**

**Weaknesses:**

Summary reviewed for completeness

**Signature of Staff Representative: Date:**

black heart**THIS FORM MUST BE COMPLETE PRIOR WITH ALL APPLICABLE DOCUMENTS ATTACHED PRIOR TO FILING THE GRIEVANCE FOR ARBITRATION**