

**State/PEF**  
**Article 17 Out-Of-Title Work Grievance Form**

*A grievance alleging out-of-title work is filed directly at Step 2. This grievance form may be completed by the grievant and/or grievant's representative. All grievances, decisions, and appeals must be served in person or by certified mail, return receipt requested.*

Grievance Submitted By:    \_\_\_ Individual(s) named below  
                                  \_\_\_ PEF regarding the individual(s) named below

Name(s): \_\_\_\_\_

Current Civil Service Title(s) *(Do not use "in-house" title)*: \_\_\_\_\_

\_\_\_\_\_ Grade(s): \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Facility and/or Work Location: \_\_\_\_\_

Shift: \_\_\_\_\_

Supervisor's Name, Civil Service Title: \_\_\_\_\_

\_\_\_\_\_ Supervisor's Grade: \_\_\_\_\_

***Description of Alleged Out-of-Title Work:*** *Please fill this section in as completely as possible.*

1. Specifically describe the alleged out-of-title tasks/duties you (or the individual(s) alleged to be working out-of-title) are performing with sufficient detail to provide a clear picture of the scope of those duties. Use a separate paragraph for each type of task/duty and estimate the percent of time each week spent on each task/duty. Include any/all supervisory tasks performed that are not appropriate to your current title. *Classification Standards and Performance Evaluations may be attached, but are not a substitute for a description of the specific duties you are actually performing. Attach additional sheets if needed.*

Description of Task/Duties	% of time each

2. Date grieved duties began: \_\_\_/\_\_\_/\_\_\_ If ended, date grieved duties ended: \_\_\_/\_\_\_/\_\_\_

3. What Civil Service title do you think should perform these duties? \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

4. Why are the grieved duties inappropriate for current Civil Service Title? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Who assigned these duties? How were they assigned? If you have documentation, please attach.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If you know, what caused this assignment (e.g., sick leave, retirement, vacation, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Identify the title/grade of the supervisor(s) reported to when performing the grieved duties:

\_\_\_\_\_

8. Identify the title(s)/grade(s) of the subordinate staff who report to employee performing the grieved duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Attachments. Please attach documents that support the claim of out-of-title work. Check all that have been attached:

\_\_\_ Agency/Facility (in-house) job duties

\_\_\_ Agency memoranda, emails regarding duties

\_\_\_ Performance Evaluations

\_\_\_ Other (Describe) \_\_\_\_\_

Aggrieved Employee/

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

Authorized Signature: \_\_\_\_\_

*The Agency-Level Grievance must be filed with the Agency Head or designee with a copy simultaneously filed with the Facility or Institution Head or designee. If the grievance is PEF-initiated, a copy shall also be simultaneously served on the employee performing the alleged out-of- title work.*

**Agency-Level Decision (Step 2)**

*The Agency-Level Decision shall be issued no later than 10 working days following receipt of the grievance.*

Date grievance was received (filing date): \_\_\_\_\_

Date Step 2 Decision was issued: \_\_\_\_\_

OER File Number: \_\_\_\_\_

Agency Head/Designee: \_\_\_\_\_

**OER Appeal (Step 3)**

*Appeals to Step 3 may be submitted only by the President of PEF or authorized designee and must be submitted within 10 working days from the receipt of the Agency-Level (Step 2) Decision.*

Date of receipt of Step 2 Decision: \_\_\_\_\_

The Agency-Level Step 2 Decision is unsatisfactory.

Reason for disagreement with the Agency's Step 2 Decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

**OER Decision (Step 3)**

Date Decision was issued: \_\_\_\_\_

Director of the OER/Designee: \_\_\_\_\_

**OER Appeal (Step 3½)**

*Appeals to Step 3½ may be submitted only by the President of PEF or authorized designee when there are additional facts or the existence of a dispute of fact, and must be submitted within 30 calendar days from the date of the OER (Step 3) Decision. The Step 3½ appeal shall include documentation to support the factual allegations.*

The Step 3 Decision is unsatisfactory.

Additional facts or existence of a dispute of fact for reconsideration (Attach additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

**OER Decision (Step 3½)**

Date Decision was issued: \_\_\_\_\_

Director of the OER/Designee: \_\_\_\_\_