

**New York State/United University Professions  
CONTRACT GRIEVANCE FORM - LIFEGUARDS**

**TO BE COMPLETED BY GRIEVANT OR REPRESENTATIVE**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Department or Agency \_\_\_\_\_ Work Location \_\_\_\_\_  
Provisions of the Agreement involved: Article \_\_\_\_\_ Subsection \_\_\_\_\_  
 I shall represent myself                       I am represented by UUP

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**STEP 1**

A grievance shall be filed by an employee or UUP with the facility head or designee within 45 calendar days following the act or omission giving rise to the grievance.

Date of Occurrence \_\_\_\_\_  
Statement of facts (use additional sheets, if required) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy sought \_\_\_\_\_  
\_\_\_\_\_

Date Submitted \_\_\_\_\_ Aggrieved Employee(s) \_\_\_\_\_

Name of Representative \_\_\_\_\_

**CHECK TO MAKE SURE ALL REQUIRED INFORMATION HAS BEEN PROVIDED AND  
GIVE THIS FORM TO YOUR FACILITY HEAD OR DESIGNEE.**

**STEP 1 RESPONSE (Attached)**

Date grievance received \_\_\_\_\_

Date decision issued \_\_\_\_\_ Facility Level Representative \_\_\_\_\_

**NOTE:** The facility head or designee shall schedule a meeting within 10 calendar days after receipt of the grievance and shall issue a written response to the grievant and UUP within 10 working days after the meeting.

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**STEP 2 APPEAL**

UUP, upon grievant's request, may submit a copy of the grievance and Step 1 response to the agency head or designee, with a copy to the facility head or designee, within 10 working days after receipt of the Step 1 response.

Reasons for disagreement with Step 1 response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date submitted \_\_\_\_\_ Aggrieved Employee(s) \_\_\_\_\_

**STEP 2 RESPONSE (Attached)**

Date appeal received \_\_\_\_\_

Date decision issued \_\_\_\_\_ Reviewer \_\_\_\_\_

**NOTE:** The agency head or designee shall issue a written response within 20 working days after receipt of the appeal or after meeting with UUP and grievant. If a meeting is requested, the meeting shall be scheduled within 10 calendar days after receipt of the appeal.

**STEP 3 – APPEAL**

UUP, upon grievant's request, may appeal the Step 2 response, through the President or designee, within 10 working days after receipt of the Step 2 response.

Reasons for disagreement with Step 2 response \_\_\_\_\_

Date submitted \_\_\_\_\_ Aggrieved Employee(s) \_\_\_\_\_

Authorized signature \_\_\_\_\_

**NOTE:** UUP must submit an appeal within 10 working days after receipt of Step 2 response, together with a copy of the grievance filed, prior responses at Steps 1 and 2, and prior appeal, with the Director of the Office of Employee Relations or designee, 2 Empire State Plaza, 12th Floor, Albany, New York 12223.

**STEP 3 RESPONSE (Attached)**

Date received by OER \_\_\_\_\_ OER File Number \_\_\_\_\_

Date decision issued \_\_\_\_\_ Director of OER or designee \_\_\_\_\_

**NOTE:** The Director of the Office of Employee Relations or designee shall issue a short, plan written statement of the reasons for the decision within 20 working days of receipt of the appeal.

**STEP 4 – APPEAL**

UUP, upon grievant's request, through the President of UUP or designee, may proceed to arbitration by filing with the Office of Employee Relations, with a copy to the facility head or designee and agency head or designee, within 10 working days after receipt of Step 3 response.

United University Professions hereby demands ARBITRATION.

Proposed statement of the issue to be decided. \_\_\_\_\_

Date submitted \_\_\_\_\_ Authorized Signature \_\_\_\_\_