

INSTRUCTIONS FOR USE OF STEP II GRIEVANCE FORM

STEP II – EMPLOYEE/UNION

1. Please type all requested information.
2. Fill in the grievance number from the Step I form, as well as the employee's name and the union representative who will be involved.
3. Explain why the Step I decision was not acceptable in the space provided.
4. Sign your name and fill in your title on the designated lines.
5. Make a copy of this form for your record.
6. Attach the originals returned to you from the Step I appeal to this Step II form and present the entire grievance to the person designated in your labor agreement as the Step II appeal. This person will fill in the boxes below your signature marked "Date Received by City," "Received By," and "Title."
7. The City will investigate the grievance and make its decision. At the time the grievance forms are returned to you, fill in the boxes below the City's signature marked "Date Received" and "Received By."
8. **DECISION ACCEPTABLE:** If the Step II grievance decision is acceptable, sign your name in the designated box, make a copy for your records, and return all originals of the entire grievance back to the person designated as the Step II appeal.
9. **DECISION NOT ACCEPTABLE:** If the Step II grievance decision is not acceptable, follow the instructions under Step III – EMPLOYEE/UNION, at the bottom of this page.

STEP II – CITY

1. Upon receiving this form, fill in the boxes below the Employee/Union signature marked "Date Received by City," "Received By," and "Title."
2. IF YOU HAVE ANY QUESTIONS REGARDING THIS GRIEVANCE IN ANY RESPECT, CALL LABOR RELATIONS (Ext. 5424).
3. Meet with the union representative to discuss the grievance. Type the date of the meeting and the persons attending in the designated boxes.
4. Answer the grievance within the time limits as stated in the labor agreement under which the grievance was filed. Please type your decision. Attach and identify any additional pages as "Grievance Answer – Step II," stating your name, date, and page number.
5. Sign your name, and fill in your title and date in the boxes provided.
6. Make three (3) copies of all Step II material and make the following distribution:
 - a. Union Representative – **all originals** – including the Step I forms. Have the union representative fill in the boxes below your signature marked "Date Received" and "Received By."
 - b. Yourself
 - c. Employee
 - d. Labor Relations (Org. 1610)
7. **DECISION ACCEPTABLE:** If your decision is accepted, the union will return the entire grievance back to you with a signature indicating acceptance. At this time make a copy of the signed Step II form for your records, and send **all originals** to Labor Relations.

STEP III – EMPLOYEE/UNION

1. Please type all requested information.
2. Explain why the Step II grievance decision is not acceptable in the space provided under "Step III Appeal."
3. Sign your name and fill in your title on the designated lines.
4. Attach all originals from Step I and Step II to this form and present the entire grievance to the Office of Labor Relations, 915 I Street, Administration Building, Room 4133, Sacramento, CA 95814 [Office Number (916) 808-5424]. The Office of Labor Relations will fill in the boxes marked "Date Received By City," "Received By," and "Title."