

# 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:** \_\_\_\_\_

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**Employer Position:** \_\_\_\_\_

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

<b>Information Checklist:</b>	<u><b>In file</b></u>	<u><b>Requested But Not Provided</b></u>	<u><b>Not Applicable</b></u>
Grievance Form:	<input type="checkbox"/>		
Grievance Decision letters:	<input type="checkbox"/>		
Discipline Notice:	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel File (relevant info):	<input type="checkbox"/>	<input type="checkbox"/>	
Applicable Facility Policies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints/letters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Chart:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness statements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract language	<input type="checkbox"/>		

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

#1 – Sent to: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Information requested: \_\_\_\_\_

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#2 – Sent to: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Information requested: \_\_\_\_\_

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

#1 – Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Summary of statement:

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#2 – Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Summary of statement:

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#3 – Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Summary of statement:

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

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## SECTION 3 – ANALYSIS

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

*Elaborate below only if not included in narrative.*

<b>Element</b>	<b>Analysis</b> Elaborate below only if not included in the narrative
<b>Reasonable Rule</b> <i>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?</i>	Union's Position:  Employers Position:
<b>Notice</b> <i>Did the employee receive adequate notice that the particular conduct would have disciplinary consequences?</i>	Union's Position:  Employers Position:
<b>Due Process</b> <i>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?</i>	Union's Position:  Employers Position:
<b>Proof</b> <i>Did the investigation produce substantial evidence or proof that the employee actually violated a rule or order?</i>	Union's Position:  Employers Position:
<b>Equal Treatment</b> <i>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?</i>	Union's Position:  Employers Position:
<b>Appropriate Discipline/Mitigating Circumstances</b> <i>Was the discipline proportionate to the seriousness of the offense and the work record/seniority of the employee?</i>	Union's Position:  Employers Position:
<b>Progressive Discipline</b> <i>Did the employer use the discipline process in a corrective and remedial way? For relatively minor offenses, did the employer use progressive discipline?</i>	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:**

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

Summary reviewed for completeness

Signature of Staff Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

