



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

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

5. Who assigned these duties to you? 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) you report to when performing the grieved duties:  
\_\_\_\_\_

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

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

Agency/Facility (in-house) job duties       Agency memoranda, emails regarding duties  
 Performance Evaluations                       Other(Describe) \_\_\_\_\_

Date Submitted: \_\_\_\_\_      Aggrieved Employee/  
Authorized Signature: \_\_\_\_\_

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

*The Agency-Level Decision shall be issued no later than 20 calendar days following receipt of the grievance.*

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

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

GOER File Number: \_\_\_\_\_

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

**GOER Appeal (Step 3)**

*Appeals to Step 3 may be submitted only by CSEA within 10 calendar 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: \_\_\_\_\_

**GOER Decision (Step 3)**

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

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

**GOER Appeal – Dispute of Facts (Step 3 ½)**

*Appeals to Step 3 1/2 may be submitted only by CSEA when there exists a dispute of facts. The appeal must be submitted within 30 calendar days from the date of the GOER (Step 3) Decision and shall include documentation to support the factual allegations.*

The Step 3 Decision is unsatisfactory.

Explain dispute of facts for reconsideration (Attach additional sheets if necessary): \_\_\_\_\_

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

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

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

**GOER Decision (Step 3 ½)**

Date Decision was Issued: \_\_\_\_\_

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