

STANDARD GRIEVANCE FORM

Use additional pages
for any section of
this form, if necessary

NAME OF EMPLOYEE

OFFICE LOCATION

506 W Utah Ave
Chickasha OK 73018

POSITION

SR

OFFICE TELEPHONE

405-224-0802

GRADE

GS-8

REPRESENTED BY:

- SELF
 UNION

REPRESENTATIVE NAME

Glenna Shropshire

REP TELEPHONE

405/222-3325 xll

Description of grievance. What article(s) of the Agreement are involved?

See attached.

Relief sought:

I would like my sick leave reinstated because I could have stayed to do some of my work. Breaks & lunch in a timely manner.

I hereby authorize my representative to examine any appropriate official document, personnel record, or medical information which may be related to the grievance.

EMPLOYEE SIGNATURE

DATE

8-22-02

STEP 1 SUBMITTED

SUPERVISOR

TELEPHONE

405
224-0807

ORAL PRESENTATION REQUESTED

- YES NO

DATE RECEIVED

8-28-02

On August 9, 2002 I reported for training that lasted from 8:00 am to 9:00 am. I opened and worked the front window from 9:00 a.m. to 11:00 a.m. Between 11:00 a.m. and 12:00 p.m. I was on the phone with the Moore Social Security Office making application for disability benefits. My performance on the Performance Assistance Plan was described by management as unsatisfactory and I was told I would be placed on a PEP or I could file for disability benefits. I knew my health (physical and mental) would not allow me to go through another 90 day assessment period so I opted to file for disability. Between 12:00 p.m. and 12:30 Mr. Biles helped me complete the necessary paper work for the application.

At 12:30 Mr. Biles sent me back to the front window to relieve my back-up to go to lunch. I went to Mr. Biles at approximately 1:15 p.m. to tell him that I didn't feel well and requested a lunch break. I was told that I would have to wait for an employee to return from her lunch break. No morning break had been arranged or provided for me and my blood sugar was low. I was finally relieved for lunch at about 1:40 p.m. and by this time my blood sugar had dropped even lower. This is a clear violation of Article 10 of the Union Contract.

Before my lunch period was over Mr. Biles left for the rest of the day. I still did not feel well when it was time to go back to work the front window so I spoke with the OIC and requested that someone fill in at the window because I was not thinking clearly and did not think it was a good idea to be dealing with the public until I could get my blood sugar level back up. The OIC arranged for a CR to work the window and I went to my desk to work backlog until I felt better. A short time later I received a call from Debra White, the ADM in Lawton. She asked me what was going on and I explained the situation to her and told her I didn't feel sick enough to go home and was working SR backlog such as SS-5 's, TPQY, etc., but I didn't feel like I could handle the window at that time. Her reply was "If you can't do your job you need to take sick leave". Consequently, I didn't get any work done and was forced to use more leave.

My sick leave has been depleted due to my husband's two (2) very serious surgeries and one other hospitalization along with my most recent health problems which include laryngitis, minor surgery, stress related panic attacks which elevate my blood pressure to stroke level. Also side effects from new medications caused me to miss work and deplete my sick leave and use annual leave to cover my absence. I have an appointment with a cardiologist tomorrow (08/23/02) and would have had enough sick leave to cover that time if I had been allowed to stay at work that day.

DISPOSITION OF GRIEVANCE

STEP 1 DECISION BY:

DATE	SIGNATURE	DATE
	<i>John Biles</i>	9-9-02

DISPOSITION (Enter disposition summary here and check block if narrative attached) *The relief you seek on behalf of [redacted] is denied.*

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE	<i>Glenna L. Shropshire</i>	DATE
		9-10-02

- Grievance Resolved
 Proceed to next Step
 Oral Presentation Requested
 Photocopy to Union

NEEDED. DESIGNATE OFFICIAL	NAME	LOCATION	TELEPHONE
→	<i>Kelley Ruffridge</i>	<i>Lawton, OK</i>	

STEP 2 DECISION BY:

DATE	SIGNATURE	DATE
10/02/02	<i>Kelley Ruffridge</i>	
PERSON SERVED	<input checked="" type="checkbox"/> MAIL <input type="checkbox"/> DIRECT	
<i>Glenna Shropshire</i>		

DISPOSITION (Enter disposition summary here and check block if narrative attached) *The sick leave charged to [redacted] on August 2, 2002, totalling 4 hours will be restored. Further, [redacted] is and will continue to be entitled to breaks and lunch per the National Bargaining Agreement. The relief you seek on behalf of [redacted] is granted.*

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE	<i>Glenna L. Shropshire</i>	DATE
		10/2/02

- Grievance Resolved
 Proceed to next Step
 Oral Presentation Requested
 Photocopy to Union

NEEDED. DESIGNATE OFFICIAL	NAME	LOCATION	TELEPHONE
→			

STEP 3 DECISION BY:

DATE	SIGNATURE	DATE
PERSON SERVED	<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT	

DISPOSITION (Enter disposition summary here and check block if narrative attached)

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE		DATE

- Grievance Resolved
 Yes
 No
 Photocopy to Union

LABOR AND EMPLOYEE RELATIONS STAFF USE	Grievance Code:	Disposition:	Disposition Level: