

DISPOSITION OF GRIEVANCE

NAME OF EMPLOYEE

STEP 1 DECISION BY:

TITLE

ADM

SIGNATURE

[Handwritten Signature]

DATE

3/19/09

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

[Redacted] rating on the Participation element will be changed from a rating of three to a five. By changing this rating, [Redacted] overall rating for FY2008 will be a four which will make her eligible for ROC consideration.

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE

[Handwritten Signature]

DATE

3/23/09

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

AS NEEDED, DESIGNATE STEP 2 OFFICIAL

NAME

LOCATION

TELEPHONE

STEP 2 DECISION BY:

TITLE

SIGNATURE

DATE

PERSON SERVED

- MAIL
- DIRECT

DATE

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

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE

DATE

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

AS NEEDED, DESIGNATE STEP 3 OFFICIAL

NAME

LOCATION

TELEPHONE

STEP 3 DECISION BY:

TITLE

SIGNATURE

DATE

PERSON SERVED

- MAIL
- DIRECT

DATE

DECISION (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

FOR LABOR AND EMPLOYEE RELATIONS STAFF USE

Grievance Code:

Disposition:

Disposition Level:

Form 884-3048-103 (7-85)

NON-STANDARD GRIEVANCE FORM SSA-2048-U3		<i>(Use additional pages for any section of this form, if necessary)</i>	
NAME OF EMPLOYEE: [REDACTED]		OFFICE TELEPHONE: (580) 242-1272	
OFFICE LOCATION: ENID, OK	POSITION: CR	GRADE: GS-11	
REPRESENTED BY: AFGE Local 2505	REPRESENTATIVE NAME: RALPH. C. de JULIIS, PRESIDENT		REP TELEPHONE: (918) 781-3096

DESCRIPTION OF GRIEVANCE: What article(s) of the Agreement are involved?

I received my PACS appraisal rating. I received a rating of 3 in 3 elements (Participation, Demonstrates Job Knowledge and Achieves Business Results). My performance justified the higher rating of 5 in each element. Management's application of the PACS and my appraisal rating violates Article 1, Section 1, Article 3, Section 2 and violates Article 21, Sections 1, 2, 5, and 6.

RELIEF SOUGHT:

- 1) A rating of 5 in each element
- 2) An overall rating of 5
- 3) The award commensurate with an overall rating: A cash award equivalent to a Quality Step Increase

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: [REDACTED] DATE: 11/6/08

STEP 1 SUBMITTED			
SUPERVISOR: [Signature]	TELEPHONE: 580 242 1272	ORAL PRESENTATION REQUESTED? (Y/N) YES	DATE RECEIVED 11/6/08