



**SOCIAL SECURITY ADMINISTRATION  
MEMORANDUM**

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DATE: June 23, 2008

TO: Ralph C. de Juliis  
President, Local 2505

FROM: Katie Eldredge  
Assistant District Manager, McAlester Office

SUBJECT: Step 1 Grievance Reply – [REDACTED]

This is in response to a grievance filed by [REDACTED] on May 22, 2008. The grievance concerns the alleged violation of Articles 1; 3; 18; and 31 of the National Agreement. The Grievant is claiming management would not approve or deny sick leave until she had completed a certain number of advanced appointments scheduled for the date of her leave.

As relief, the Grievant requests (1) the same approval of her sick leave requests as management does for other McAlester employees, (2) not hold sick leave hostage to work requirements as management can do for annual leave and (3) an apology from DM Marshall for discriminating against her in the approval of my sick leave request.

In an oral presentation on June 11, 2008, you, Ms. [REDACTED], and I were present. In the meeting the following was presented by the Union:

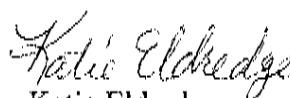
- Management's treatment over the requested leave was a reprisal.
- [REDACTED] was the only employee who was required to take appointments first for sick leave.
- The appointments in question are not the Grievant's appointments, but the McAlester SSA office's appointments.
- Management did not notify the Union of changes in practices of granting sick leave.
- The Contract does not give management the right to deny leave based on workload.
- It was stated this did not need to go any further if management agreed this was an isolated incident and the Contract will be followed in the future. It was also stated that an apology was in order.

Based on the oral presentation and discussion, this is to advise you that management regrets the misunderstanding with Ms. [REDACTED]. It was not management's intention to deny sick leave to her based on the appointment calendar. In the future, management will be clearer in

communicating its position on leave requests. Management apologizes for any inconvenience this caused the Grievant.

The relief of an apology, as stated above, is granted and future leave requests will be handled with clearer communication from management staff. Management considers this matter closed.

If the Grievant is dissatisfied with this decision, a Step 2 grievance may be filed in writing within 5 workdays with Mrs. Kathy Marshall, District Manager of the McAlester, OK Social Security Administration Field Office.

  
Katie Eldredge  
Assistant District Manager  
McAlester Field Office

cc: Saulo Ybarra, CHR/LERT

<b>NON-STANDARD GRIEVANCE FORM</b> SSA-2048-U3		<i>(Use additional pages for any section of this form, if necessary)</i>	
NAME OF EMPLOYEE:		OFFICE TELEPHONE: (918) 423-1942	
OFFICE LOCATION: McAlester	POSITION:	GRADE:	
REPRESENTED BY: AFGE Local 2505	REPRESENTATIVE NAME: Ralph C. de Julius, President	REP TELEPHONE: (918) 641-2409 ext. 2923	

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

On or about May 19, 2008, I requested 5 hours of Family Friendly Sick Leave for 10:15 Am through 3:45 PM on May 21 to care for my sick grandson, . . . He had several immunizations, was running a fever. . . 's mom and other grandma and I all work; so we were dividing up staying home with him so none of us would miss too much work.

I went into Kathy's office at about 10:15am to turn in the leave slip; DM Marshall held the leave slip ALL day and didn't return it to me until 4:40pm, when Kathy was leaving for the day. At that point she told me that she could not approve the leave unless I did some of the afternoon appointments before 05/21/08. I told Kathy that other people did not have to do this and I did not think this was right. Kathy's face got really red and she told me that Janet Sharp would be the only interviewer here on the 21". She said she had given Katie my leave slip with the instructions not to approve the leave unless the appointments were done. With a red face, Kathy stated she could not approve the leave if the appointments were not done and walked off from my cubicle. I followed Kathy and caught up to her at Sylvia's cubicle. I told Kathy, (and Sylvia Estep heard me) that I did not have a problem with this, if it was consistent with office policy BUT I did NOT feel this was consistent with office policy. Kathy said it was too I could check with Katie if I wanted to tomorrow. Kathy then left the building.

No other employees have been told their leave approval is contingent up taking all appointments they had scheduled for the period for which they are requesting leave. This is blackmail!

**RELIEF SOUGHT:**

(1) approval of my sick leave requests that management does for other McAlester employees (2) not hold sick leave hostage to work requirements as management can do for annual leave (3) an apology from DM Marshall for discriminating against me in the approval of my sick leave request.

OPTIONAL FORM 99 (7-80)

**FAX TRANSMITTAL**

# of pages **3**

To: <i>Katie Eldredge</i>	From: <i>Ralph C. de Julius, AFGE</i>
Dept./Agency: <i>DM McAlester</i>	Phone: <i>918-641-2409 x2923</i>
Fax: <i>918-423-8399</i>	Fax: <i>918-641-2446</i>
NSN 7540-01 317-7368	5099-101 GENERAL SERVICES ADMINISTRATION

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: <i>Ralph C. de Julius</i>	DATE: <i>5/22/08</i>
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**STEP 1 SUBMITTED**

SUPERVISOR: <i>Katie Eldredge ADM</i>	TELEPHONE: <i>918 423 1942</i>	ORAL PRESENTATION REQUESTED? (Y/N) <b>YES</b>	DATE RECEIVED <i>5/22/08</i>
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<b>DISPOSITION OF GRIEVANCE</b>	NAME OF EMPLOYEE
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**STEP 1 DECISION BY:**

TITLE <i>Assistant District Manager</i>	SIGNATURE <i>Katie Eldredge</i>	DATE <i>6/24/08</i>
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DECISION (Enter disposition summary here and check block if narrative attached)

*see attached letters dated 6/23/08*

*Step 1 Grievance Reply*

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE	SIGNATURE <i>[Signature]</i>	DATE <i>6/26/08</i>
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Grievance Resolved  
  Proceed to next Step  
  Oral Presentation Requested  
  Photocopy to Union

AS NEEDED, DESIGNATE STEP 2 OFFICIAL →	NAME	LOCATION	TELEPHONE
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**STEP 2 DECISION BY:**

TITLE	SIGNATURE	DATE
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PERSON SERVED	<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT	DATE
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DECISION (Enter disposition summary here and check block if narrative attached)

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE	SIGNATURE	DATE
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Grievance Resolved  
  Proceed to next Step  
  Oral Presentation Requested  
  Photocopy to Union

AS NEEDED, DESIGNATE STEP 3 OFFICIAL →	NAME	LOCATION	TELEPHONE
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**STEP 3 DECISION BY:**

TITLE	SIGNATURE	DATE
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PERSON SERVED	<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT	DATE
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DECISION (Enter disposition summary here and check block if narrative attached)

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE	SIGNATURE	DATE
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Grievance Resolved  
  Yes       No     
  Photocopy to Union

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