

STANDARD GRIEVANCE FORM

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

NAME OF EMPLOYEE <div style="background-color: black; width: 150px; height: 15px; margin: 5px 0;"></div>		OFFICE TELEPHONE 918-423-8399
OFFICE LOCATION McAlester, OK	POSITION CR	GRADE 11
REPRESENTED BY: <input type="checkbox"/> SELF <input type="checkbox"/> UNION	REPRESENTATIVE NAME RALPH C de JULIIS, EVP, AFGE LOCAL 2505	REP TELEPHONE 918-581-6300

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

On May __, 2004 I received my award. It was the second lowest in the office. On May 28, DM Sue Wesson told AFGE Local Representative and District Vice President Carol A. Lewis it was because of "quality issues."

In the performance discussions I have had with ADM Kathy Marshall, I was told that my work quality and production and timeliness were fine. Quality of work, or lack thereof was NEVER mention.

SSA Management claiming that my measly award was the result of performance issues which I was never made aware and given the opportunity to correct clearly proves that my award amount was unfair, arbitrary, capricious and a violation of Merit Systems Principles.

My measly award is a result of anti-union animus. It is the result of discrimination because I am the only man in the office. It is a result of my being a disabled veteran which is a violation of Public Law 105-339; Title 38 U.S.C. 4103(c)(13) and (14) prohibiting employment discrimination against disabled veterans. It is a violation of Articles 1, 2, 3, 16, 17 and 18. SSA has also violated my rights under the PRIVACY ACT by discussing my alleged performance deficiencies with Carol Lewis BEFORE first discussing them with me.

Relief sought:

- (1) SSA propose a five day disciplinary suspension for DM Sue Wesson.
- (2) An additional \$500 ROC award
- (3) an addiontional three day time off award.
- (4) A posting admitting to a violation of 5 USC 71.
- (5) A posting admitting to a violation of Title 18.
- (6) A posting admitting to a violation of Public Law 105-339; Title 38 U.S.C. 4103(c)(13) and (14).
- (7) \$10,000 for the violation of my privacy.

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
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STEP 1 SUBMITTED

SUPERVISOR	TELEPHONE	ORAL PRESENTATION REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE RECEIVED
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DISPOSITION OF GRIEVANCE

NAME OF EMPLOYEE

STEP 1 DECISION BY:

TITLE

SIGNATURE

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 UnionAS 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 UnionAS 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: