

NON-STANDARD GRIEVANCE FORM SSA-2048-U3		<i>(Use additional pages for any section of this form, if necessary)</i>	
NAME OF EMPLOYEE: Judy E Bollinger		OFFICE TELEPHONE: 405-799-0282	
OFFICE LOCATION: Moore, OK	POSITION: Technical Expert	GRADE: GS-12	
REPRESENTED BY: AFGE L-2505	REPRESENTATIVE NAME: Ralph DeJuliiis	REP TELEPHONE: 918-641-2440	

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

On January 8, 2007 I submitted form for Restoration of Annual Leave to have the annual leave I was unable to take on January 2, 2007 restored. On January 8, 2007 my request to have 3 hours of annual leave restored was denied. I had requested that leave timely; it was approved. Due to the actions of SSA, I was unable to take that leave and lost it because it was the end of the leave year. That violates Article 1, 3 (fair and equitable) and 31 of the SSA-AFGE National Agreement.

RELIEF SOUGHT:

The relief sought is 3 hours of annual leave restored.

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>Judy E. Bollinger</i>		DATE: <i>4/17/07</i>	
STEP 1 SUBMITTED			
SUPERVISOR: <i>Eric Hogan</i>	TELEPHONE: <i>405-799-4140 x 3020</i>	ORAL PRESENTATION REQUESTED? (Y/N) YES	DATE RECEIVED <i>1/18/07</i>