

NON-STANDARD GRIEVANCE FORM SSA-2048-U3		<i>(Use additional pages for any section of this form, if necessary)</i>	
NAME OF EMPLOYEE: MICHELLE SWEETING		OFFICE TELEPHONE: (866) 331-2200 x 12515	
OFFICE LOCATION: Oklahoma City	POSITION: SR	GRADE: GS-07 MS	
REPRESENTED BY: AFGE 2505	REPRESENTATIVE NAME: RALPH DE JULIIS, PRESIDENT	REP TELEPHONE: 866-933-7110 x 27873	

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

On October 15, Kevin Gerber called me into a private office. He asked me for my side of the story regarding a complaint from the public. When I finished, he handed me a pre-printed document on which he wrote that I did not agree. He asked me to sign it and said it would be in my SF-7B Extension File for six months.

Those actions have violated Article 1, Section 2; Article 3, Sections 2, 4 and 5.

Kevin Gerber is listed as a CLAIMS REPRESENTATIVE in Outlook. It is inappropriate for him deal in such personnel matters and put things in my SF-7B since he is not an Operations Supervisor.

SSA is also violating the Personnel Policy Manual, Chapter S293, (Article 1, Section 2) which may be found at:

http://ssahost.ba.ssa.gov/ope/pmisp/Virtuallib/S293_1-B.htm

which states in relevant part:

This is a list of records which are authorized to be maintained in the Extension File and their retention periods.

ITEM	RETENTION PERIOD
Negative letters from the public	Supervisor should investigate. If found to be true, the letter may be retained until 90 days after the employee receives his/her annual rating of record. If found to be false, the letter should be destroyed

RELIEF SOUGHT:

The document should be removed from my SF-7B Extension File and destroyed. I was enforcing the orders of OCK DM LaVerna Williams regarding NOT permitting the public to have food or drink. I responded appropriately to the refusal of the person in front of me who was ignoring the request and to the other ladies in the lobby who were cursing and swearing and talking loudly which made it difficult for me to hear the person I was interviewing.

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:

Michelle Sweeting

10/16/09

STEP 1 SUBMITTED

SUPERVISOR:

TELEPHONE:

ORAL PRESENTATION
REQUESTED? (Y/N)

DATE RECEIVED

YES