

<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: MAGDA MASHBURN		OFFICE TELEPHONE: 405-605-3001	
OFFICE LOCATION: OKLAHOMA CITY	POSITION: TECHNICAL EXPERT	GRADE: 12	
REPRESENTED BY: AFGE Local 2505	REPRESENTATIVE NAME: RALPH C. de JULIIS	REP TELEPHONE: 918-781-3096	

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

ON OR ABOUT AUGUST 25, I WAS NOTIFIED THAT \$62 OF THE TRAVEL VOUCHER I SUBMITTED TO TESTIFY FOR SSA IN FRESNO WAS DISALLOWED.

SSA HAS VIOLATED ARTICLE 1, SECTION 1, ARTICLE 2 A & B, ARTICLE 3, SECTIONS 1, 2 AND 10 AND ARTICLE 8, SECTION 1, 6 AND 9.

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OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL** # of pages = 2

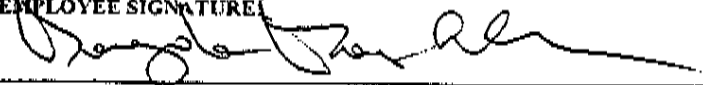
To: <i>Janis Jones</i>	From: <i>de Julis</i>
Dept./Agency: <i>DM, UKC, SSA</i>	Phone #: <i>918-781-3096</i>
Fax #: <i>405-605-3078</i>	Fax #: <i>918-641-2446</i>

NSN 7540-01-317-9668 - 5089-101 GENERAL SERVICES ADMINISTRATION

**RELIEF SOUGHT:**

REIMBURSEMENT OF THE \$62 WHICH SSA DISALLOWED.

*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: SEPTEMBER 3, 2008
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STEP 1 SUBMITTED

SUPERVISOR:	TELEPHONE:	ORAL PRESENTATION REQUESTED? (Y/N) <b>YES</b>	DATE RECEIVED:
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**DISPOSITION OF GRIEVANCE**

NAME OF EMPLOYEE

M AG-DA MASHBURN

**STEP 1 DECISION BY:**

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

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE		DATE
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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		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		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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TRANSMISSION REPORT

(THU) SEP 4 2008 16:57

ACCOUNT NAME :  
DESTINATION : 914056058078  
DEST. NUMBER : 914056058078  
F-CODE :

DOCUMENT# : 6802058-974  
TIME STORED : SEP 4 16:56  
TIME SENT : SEP 4 16:57  
DURATION : 21sec  
MODE : ECM

PAGES : 2 sheets  
RESULT : OK

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