

<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: <i>(405) 273-2689 ext.</i>	
OFFICE LOCATION: SHAWNEE, OK	POSITION: CR	GRADE: GS-11	
REPRESENTED BY: AFGE Local 2505	REPRESENTATIVE NAME: RALPH. C. de JULIIS, PRESIDENT	REP TELEPHONE: (918) 6781-3096	

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

I received my PACS appraisal rating. I received a rating of 3 in every element elements. My performance justified the higher rating of 5 in each element.

My appraisal rating violates Article 1, Section 1, Article 2 A and B, Article 3, Sections 1, 2 and 10, Article 16, Section 8, Article 18, Section 1 and Article 21, Sections 1, 2, 5, and 6.

OPTIONAL FORM 89 (7-90)

**FAX TRANSMITTAL** # of pages **1**

To <i>Mr. Griffin, DM</i>	From <i>Ralph de Julis</i>
Dept./Agency <i>Shawnee</i>	Phone # <i>918-781-3096</i>
Fax # <i>405-273-2469</i>	Fax # <i>918-641-2445</i>

NSN 7540-01-317-7368      5099-101      GENERAL SERVICES ADMINISTRATION

**RELIEF SOUGHT:**

- 1) A rating of 5 in each element
- 2) An overall rating of 5
- 3) The award commensurate with an overall rating: A cash award equivalent to a Quality Step Increase
- 4) An apology for interfering in my exercise of my right to engage in protected activity

*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: <i>10/23/08</i>
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STEP 1 SUBMITTED			
SUPERVISOR:	TELEPHONE:	ORAL PRESENTATION REQUESTED? (Y/N) <b>YES</b>	DATE RECEIVED