

NON-STANDARD GRIEVANCE FORM SSA-2048-U3		<i>(Use additional pages for any section of this form, if necessary)</i>	
NAME OF EMPLOYEE:		OFFICE TELEPHONE: 405.237.2832	
OFFICE LOCATION: SHAWNEE, OK	POSITION: T2 CR	GRADE: GS-11	
REPRESENTED BY: AFGE Local 2505	REPRESENTATIVE NAME: RALPH C. de JULIIS, President	REP TELEPHONE: 866-931-7110 ext 27873	

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

On Thursday, January 29 when I came to work, I believe I requested 8 hours of admin time for Wednesday, January 28, 2009. I was orally told my admin leave request for 8 hours was denied and handed a new leave slip for two hours of admin and 6 hours of annual leave.

I was told by T L and M W that DM Mike Griffin went to T 's house in his personal vehicle and picked her up and brought her to work. When I called in on Wednesday for the day, M told me that DM Griffin picked her up. No one offered to come get me and I live closer than Ms L

SSA has violated Article 1, Section 1; Article 2, parts A and B; Article 3, Sections 1, 2 and 10; Article 18, Section 1; and Article 31, Sections 3 and 11.

RELIEF SOUGHT:

I want my 10 hours of leave restored and converted to admin leave for those two day.

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: 2/12/09
---------------------	------------------

STEP 1 SUBMITTED

SUPERVISOR:	TELEPHONE:	ORAL PRESENTATION REQUESTED? (Y/N) YES	DATE RECEIVED
-------------	------------	--------------------------------------------------	---------------