

<b>GRIEVANCE FORM SSA-2048-U3</b>		<i>(Use additional pages for any section of this form, if necessary)</i>	
NAME OF EMPLOYEE: ██████████		OFFICE TELEPHONE: <b>918-641-2400</b>	
OFFICE LOCATION: TULSA, OK	POSITION: ██████████	GRADE: ██████████	
REPRESENTED BY: AFGE L-2505	REPRESENTATIVE NAME: <b>RALPH de JULIIS</b>	REP TELEPHONE: <b>918-641-2406 ext 2923</b>	

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

On or about November 27, 2006 I asked for approval for my request to work part-time for ██████████ a Financial Service. On or about November 27, SSA denied my request. On December 4, I requested reconsideration of that denial because I erroneously said (on November 27) that I would be selling stocks and bonds for ██████████. SSA orally denied my reconsideration on or about December 7, 2006.

SSA's refusal to permit me to work part-time for ██████████ violates Article 1, 2, 3 and 18 of the 2005 SSA-AFGE National Agreement. The denial is reprisal and retaliation against me for protected activities, reprisal and retaliation for have requested a reasonable accommodation and having filed a request for EEO Counseling and sex discrimination because SSA has given permission to males to work for ██████████.

SSA has also violated my rights under the Privacy Act (incorporated by reference into the National Agreement in Article 1 and Article 3, Section 2.A) because the denial of my request for part-time, outside employment with ██████████ was based, accordingly to Acting Area Director Billye Hill, a public complaint stating that I used my position at SSA to recruit people to work for ██████████. (See my e-mail dated Tuesday, December 26, 2006). That also violates Article 3, Section 2.I.

**RELIEF SOUGHT:**

Permission to work for ██████████ and \$1,000 in damages for the violation of my Privacy Act rights.

*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:
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<b>STEP 1 SUBMITTED</b>			
SUPERVISOR:	TELEPHONE: 918-641-2400	ORAL PRESENTATION REQUESTED? (Y/N) <b>YES</b>	DATE RECEIVED