

STATE OF CALIFORNIA

EMPLOYEE CONTRACT GRIEVANCE
STD 630 (NEW 10/82)

BARGAINING UNIT NAME
CDF Firefighters

BARGAINING UNIT NUMBER (CIRCLE ONE)

1 2 3 4 5 6 7 (8) 9 10 11 12 13 14 15 16 17 18 19 20

*Please Refer to Your Bargaining Unit's Contract
For Specific Information Regarding Employee
Grievance Procedures and Time Frame Requirements*

GRIEVANT'S NAME

HOME TELEPHONE NUMBER

HOME ADDRESS

(NUMBER

STREET

CITY

ZIP CODE)

DEPARTMENT

DIVISION OR FACILITY

SECTION, BRANCH, UNIT, ETC.

POSITION CLASSIFICATION

NORMAL WORKING HOURS

WORK TELEPHONE NUMBER

REPRESENTATION INFORMATION (COMPLETE IF APPLICABLE)

REPRESENTATIVE'S NAME

TELEPHONE NUMBER

ORGANIZATION OR AFFILIATION

GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE

DATE OF INFORMAL IMMEDIATE
SUPERVISOR DISCUSSION WITH

DATE OF INFORMAL RESPONSE

CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

SPECIFIC REMEDY SOUGHT

SIGNATURE OF GRIEVANT

DATE FILED

GRIEVANCE REVIEW----LEVEL I

DATE RECEIVED:

DATE OF RESPONSE

LEVEL 1 DECISION TO BE ENTERED BELOW

SIGNATURE OF LEVEL 1 SUPERVISOR:

PRINTED NAME AND TITLE:

TELEPHONE NUMBER:

I CONCUR AND DO NOT
APPEAL TO THE SECOND
REVIEW LEVEL

I DO NOT CONCUR AND APPEAL TO
THE SECOND REVIEW LEVEL (IF
CHECKED, STATE REASON BELOW)

GRIEVANTS SIGNATURE:

DATE:

REASON FOR APPEAL:

GRIEVANCE REVIEW---LEVEL II

DATE RECEIVED:

DATE OF RESPONSE:

DECISION ATTACHED

SIGNATURE OF LEVEL II REVIEWER:

PRINTED NAME AND TITLE:

I CONCUR AND DO NOT
APPEAL TO THE THIRD
REVIEW LEVEL

I DO NOT CONCUR AND APPEAL TO THE
THIRD REVIEW LEVEL (IF CHECKED,
STATE REASON BELOW)

GRIEVANTS SIGNATURE:

DATE:

REASON FOR APPEAL:

GRIEVANCE REVIEW---LEVEL III----DEPARTMENT DIRECTOR OF DESIGNEE

DATE RECEIVED:

DATE OF RESPONSE:

DECISION ATTACHED

SIGNATURE OF LEVEL II REVIEWER:

PRINTED NAME AND TITLE:

I CONCUR AND DO NOT
APPEAL TO THE FOURTH
REVIEW LEVEL

I DO NOT CONCUR AND APPEAL TO THE
FOURTH REVIEW LEVEL (IF CHECKED,
STATE REASON BELOW)

GRIEVANTS SIGNATURE:

DATE:

REASON FOR APPEAL:

GRIEVANCE REVIEW---LEVEL IV --- DEPARTMENT OF PERSONNEL ADMINISTRATION

DATE RECEIVED:

DATE OF RESPONSE:

DECISION ATTACHED

SIGNATURE OF LEVEL II REVIEWER:

PRINTED NAME AND TITLE:

