

YCEA
Request for Review by YCEA member

This form is for YCEA members to request YCEA to review any complaint or potential grievance. This form should be filled out and provided to the YCEA President. Please note that under the collective bargaining agreement, YCEA usually has only 21 days from the initial occurrence to file a grievance. (Article 13, Grievances). YCEA will review this matter and respond to your request.

Name: _____ Department: _____

Contact phone number: _____

Date of incident: _____

Date made aware of incident: _____

Summary of Facts: (attach additional sheet if needed)

Witnesses: (please include full name, department and contact information)

1) _____

2) _____

3) _____

Are you currently on probation? Y / N

Are you currently on a work improvement plan? Y / N

If yes, when did it start? _____ Please provide a copy of your WIP.

Have you been on a work improvement plan or received any discipline within the last three years? Y / N If yes, please describe: _____

Do you have any pending civil action against the County? Y / N

(ie: BOLI, OSHA, civil suit, worker's comp, etc)

If yes, please describe: _____

Signature: _____ Date submitted to YCEA: _____

===== for YCEA use only =====

Date request received: _____ by (name) _____

Status/Notes: _____

Response/Result: _____

(This document is for the purposes of potential litigation and is considered confidential work product, and is to remain confidential between the employee member, YCEA Executive Board acting as an agent for YCEA legal counsel, and YCEA legal counsel)