

SHERIFF OF ST. LOUIS

EMPLOYEE GRIEVANCE PROCEDURE FORM

Employees must complete an Employee Grievance Procedure Form to grieve problems not addressed through other procedures.

Attach additional sheets when necessary. **DO NOT** submit this form to address service ratings; examinations; benefits established by ordinance; classification of positions; equal employment opportunity complaints; or employment status including dismissals, demotions, layoffs, suspensions, reductions in pay, docks and denial of leave.

An employee should first discuss the problem with his/her immediate supervisor. If the employee believes the problem has not been resolved by a discussion with his/her immediate supervisor, the following steps must be followed:

Step 1: An Employee Grievance Procedure Form must be completed and submitted to the Sheriff of the City of St. Louis within fifteen(15) calendar days of the date of the most recent occurrence of the problem. You must send a copy of the Employee Grievance Procedure Form to your department Commander (if the Sheriff is not also your department director).

Your appointing authority is required to submit to you and your department director (if the Sheriff is not also your department director) in writing within fifteen (15) calendar days, his/her resolution to your problem.

Step 2: If you believe your problem has not been resolved by your appointing authority, you may appeal to your department director within fifteen (15) calendar days of receipt of your appointing authority's decision. Complete Step 2 on reverse side of this form. If the Sheriff is your department director, go to Step 3.

Your department Commander is required to notify you in writing of his/her decision within fifteen (15) calendar days.

Step 3: If you believe your department Commander has not resolved your problem, you may appeal to the Director of Personnel within fifteen (15) calendar days of receipt of your department director's decision.

For additional information see Procedural Order 11-03 Sheriff's Department Grievance Procedure.

Questions should be referred to the Executive Aide of the Sheriff.

Employee Name: _____

Department: _____ **Rank Title:** _____

STEP 1 - Problem:

Suggested Remedy:

Employee's Signature: _____ Date submitted: _____

Original forwarded to the Executive Aide to the Sheriff and copy forwarded you're Unit Commander. Employee should keep a copy of this form.

Unit Commander Determination:

Unit Commander _____ Date: _____

Copy forwarded to employee and department Commander on (date) _____

STEP 2 - Appeal to Department Commander I wish to appeal my Unit Commander decision.

Reason for Appeal:

Employee's Signature: _____ **Date:** _____

Forward to your Department Commander

Determination of Department Commander:

Department Commander's Signature: _____ **Date:** _____

Copy forwarded to employee and Unit and Department Commander on (date)

STEP 3 - Appeal to Sheriff or his designee I wish to appeal my department Commander's decision.

Reason for Appeal:

Employee's Signature: _____ **Date:** _____