



AFSCME / State of Illinois
CONTRACT GRIEVANCE

Employee's Name Agency AFSCME Local No. Date Raised at Step 1
Job Title RC Facility or Office

STEP 1 - Oral Step

Signature of immediate supervisor acknowledging discussion of grievance. (Date of Discussion)
Signature of employee or union acknowledging discussion of grievance. (Date)

STEP 2 - (To be submitted within 5 work days after supervisor's answer given or due, whichever occurs first.)
Statement of Grievance (Include facts of the complaint, sections of the Agreement violated - if applicable, and relief requested):

Employee AFSCME hereby appeals the grievance to Step 2 (Union Representative) (Date)

Date received by Intermediate Administrator or Designee (DATE) (INITIALS)
Answer (to be given within 15 working days of receipt - use attachment if additional space is required)
Date settlement meeting held

Accepted by Union Rejected by Union
Signature (Employer Representative) Date
Signature (Union Representative) Date

STEP 3 - To be submitted to Agency Head (certified mail - return receipt recommended) within 15 working days after Step 2 answer was given or due, whichever occurs first. Local must send copy to Council 31 (include fact sheets, information and documentation with Union copy only.)
AFSCME hereby appeals the grievance to STEP 3 Signature (Union Representative) Date

STEP 4 - To be submitted to Director of Central Management Services within 15 days after Step 3 sign off.
AFSCME hereby appeals the grievance to STEP 4. Signature (Union Representative) Date