State/CSEA Article 24 Out-Of-Title Work Grievance Form

This form may be completed by the grievant and/or CSEA. A grievance alleging out-of-title work is filed directly with the agency head or designee with a copy simultaneously filed with the facility or institution head or designee. All grievances, decisions, and appeals must be served in person or by certified mail, return receipt requested.

Bargaining Unit:AdministrativeOperationalInstitutionalD	MNA
Grievance Submitted By:Individual(s) named belowCSEA on behalf of the individual(s) named below	
Name(s):	
Current Civil Service Title(s) (Do not use "in-house" title):	
Grade(s):	
Department/Agency:	
Facility and/or Work Location:	
Shift:	
Supervisor's Name, Civil Service Title:	
Supervisor's Grade:	
Description of Alleged Out-of-Title Work Please fill this section in as completely as possible.	
1. Specifically describe the alleged out-of-title tasks/duties you are performing with sur a clear picture of the scope of those duties. Use a separate paragraph for each type of the percent of time each week you spend on each task/duty. Include any/all super that are not appropriate to your current title. Classification Standards and Performance Ev. but are not a substitute for a description of the specific duties you are actually performing. Attach a	of task/duty and estimate visory tasks performed aluations may be attached, dditional sheets if needed.
Description of Task/Duties	% of time each week

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3.	What Civil Service title do you think should perform these duties?	
	Grade:	
4.	. Why are the grieved duties inappropriate for your current Civil Service Title?	
5.	Who assigned these duties to you? How were they assigned? If you have documentation, please attach.	
6.	If you know, what caused this assignment (e.g. sick leave, retirement, vacation, etc)?	
7.	Identify the title/grade of the supervisor(s) you report to when performing the grieved duties:	
8.	Identify the title(s)/grade(s) of the subordinate staff who report to you when performing the grieved duties:	
	Attachments. Please attach documents that support your claim of out-of-title work. Check all that you have ached:	
	Agency/Facility (in-house) job dutiesAgency memoranda, emails regarding dutiesOther(Describe)	
Da	Aggrieved Employee/ te Submitted: Authorized Signature:	
	Agency-Level Decision (Step 2)	
The	e Agency-Level Decision shall be issued no later than 20 calendar days following receipt of the grievance.	
Da	te grievance was received (filing date):	
Da	te Step 2 Decision was issued:	
	ER File Number:	
	gency Head/Designee:	

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OER Appeal (Step 3)

Appeals to Step 3 may be submitted only by CSEA within 10 calendar days from the receipt of the Agency-level (Step 2) Decision.
Date of receipt of Step 2 Decision:
The Agency-Level Step 2 Decision is unsatisfactory.
Reason for disagreement with the Agency's Step 2 Decision:
Date Submitted:
Authorized Signature:
OER Decision (Step 3)
Date Decision was issued:
Director of the OER/Designee:
OER Appeal – Dispute of Facts (Step 3 ½)
Appeals to Step 3 1/2 may be submitted only by CSEA when there exists a dispute of facts. The appeal must be submitted within 30 calendar days from the date of the OER (Step 3) Decision and shall include documentation to support the factual allegations.
The Step 3 Decision is unsatisfactory.
Explain dispute of facts for reconsideration (Attach additional sheets if necessary):
Date Submitted:
Authorized Signature:
OER Decision (Step 3 ½)
Date Decision was Issued:
Director of the OFR/Designee:

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