MESA - MSFC NEGOTIATED GRIEVANCE

The Grievant should read Article 11 of the MESA-MSFC Negotiated Agreement before submitting this Grievance.

1	TO: Manager, Human Resources Department		DATE:
FROM (Grievant):		ORGANIZATION CODE:	PHONE NUMBER:
IMMEDIATE SUPERVISOR:			PHONE NUMBER:
INFORMAL GRIEVANCE PRESENTED TO:		DATE PRESENTED:	RESPONSE RECEIVED: ☐ YES (Date): _____ ☐ NO (Copy attached)
MESA REPRESENTATIVE (If Designated):		REPRESENTATIVE'S ORGANIZATION CODE:	REPRESENTATIVE'S PHONE NO.:

Grievant's Statement: In accordance with Article 11, Section 11.08 of the MESA-MSFC negotiated Agreement, I hereby submit a formal grievance. A narrative statement is attached describing, in sufficient detail, the basis for my grievance. The Article(s) and Section(s) of the MESA-NASA Agreement pertaining to my grievance are:

I REQUEST THAT THE FOLLOWING ACTION BE TAKEN TO RESOLVE MY GRIEVANCE:

SIGNATURE OF GRIEVANT:		SIGNATURE OF MESA REPRESENTATIVE (If designated):	
2	TO: (Deciding Official)	DATE:	FROM: Manager, Human Resources Department

In accordance with the MESA-MSFC Negotiated Agreement, Article 11, Section 11.10, you are required to investigate this grievance and either resolve it to the employee's satisfaction or refer it back to me for selection of a Grievance Examiner. Your decision concerning the disposition of the grievance must be made within 10 workdays of receipt.

3	TO: Manager, Human Resources Department	DATE:	FROM (Deciding Official):

IN ACCORDANCE WITH YOUR DIRECTIONS, I HAVE INVESTIGATED THIS GRIEVANCE AND HAVE DETERMINED THAT:

☐ The grievance should be resolved as outlined in the attachment.

☐ I am unable to resolve the grievance to the grievant's satisfaction.

4	TO: (Grievant)	DATE:	FROM: Manager, Human Resources Department

In accordance with Section 11.10, Article 11 of the MESA-MSFC Negotiated Agreement, a Grievance Examiner will be appointed to investigate your grievance. As required by the Agreement, you must select one of the following three Grievance Examiners and notify me of your selection within 5 workdays.

GRIEVANCE EXAMINERS (Select one and list below):

1. **2.** **3.**

5	TO: Manager, Human Resources Department	DATE:	FROM (Grievant):

I HEREBY SELECT THE FOLLOWING AS THE GRIEVANCE EXAMINER FOR MY GRIEVANCE (Selected from the three names listed above):

6	TO:	DATE:	FROM: Manager, Human Resources Department

You have been selected as the Grievance Examiner to investigate this grievance. Accordingly, please conduct an investigation in accordance with Section 11.11, Article 11 of the MESA-MSFC Agreement.

7	TO: (Deciding Official)	DATE:	FROM (Grievance Examiner):

I have completed an investigation of this grievance. Attached is my report of the proceedings as required by Article 11. A copy of my report is being submitted to the Grievant, the MESA Representative (if designated), and the MSFC Representative.

8	TO: (Grievant)	DATE:	FROM (Deciding Official):

In accordance with Section 11.12, Article 11 of the MESA-MSFC Negotiated Agreement, the final decision on your grievance is attached.

FROM (Deciding Official):