TSS-Related Grievance Form

The Department-wide Transportation Specialist Series (TSS) Review Committee requires this form to be completed and submitted with supporting documentation when a grievance is being filed.

Date this form is being sent: __________________________________________________________

The form must be completed fully or it will be returned without further action.

Union Representative:
Name: __________________________________________ Local Union Number: ____________________
Phone Number: _________________________ E-mail address: _________________________________

Name of Grievant: ___________________________________________________________________
Classification: ___________________________ Grievance: (step) 1 ______ 2 ______ 3 ______

Statement of Grievance / Issue:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Contract Violations: ___________________________________________________________________
_________________________________________________________________________________

Remedy Sought: __________________________________________________________and make the grievant whole.

Check the appropriate subject:
_____ Seniority    _____ Training Opportunities    _____ Hours of Work
 _____ Salary     _____ Overtime Distribution     _____ Transfer
 _____ Reassignment _____ Maintenance Seasonal Work Crews
 _____ TSS Vacancies _____ Other (specify) _______________________________________

-------------------------------------------STEP 3 GRIEVANCES ONLY-------------------------------------------

Who will attend the TSS Review Committee meeting to present/support this Grievance / Issue?:
Union: ___________________________________________________________________________
Management: _______________________________________________________________________

NOTE: Send this form and all grievance documents via interoffice mail to:
Mn/DOT Office of Human Resources
Labor Relations Section – MS 200
Attention: TSS Review Committee

An acknowledgement will be sent when the form is received by Mn/DOT Human Resources.

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