

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.

Revised 3-01-10