

# STEP II

## CITY OF SACRAMENTO EMPLOYEE GRIEVANCE FORM

**INSTRUCTIONS**  
PLEASE READ REVERSE  
SIDE BEFORE FILLING OUT  
THIS FORM

GRIEVANCE NUMBER	EMPLOYEE NAME	UNION REPRESENTATIVE
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THE ATTACHED GRIEVANCE IS HEREBY APPEALED TO STEP II. THE DECISION AT STEP I IS NOT ACCEPTABLE BECAUSE:

\_\_\_\_\_  
EMPLOYEE/UNION SIGNATURE TITLE

DATE RECEIVED BY CITY	RECEIVED BY	TITLE
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### STEP II REVIEW

DATE OF MEETING	PERSONS ATTENDING MEETING	
	1.	2.
	3.	4.

DECISION:

SIGNATURE	TITLE	DATE
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DATE RECEIVED	RECEIVED BY	IF DECISION APPLICABLE, SIGN HERE
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### STEP III APPEAL

THE ATTACHED GRIEVANCE IS HEREBY APPEALED TO STEP III. THE DECISION AT STEP II IS NOT ACCEPTABLE BECAUSE:

\_\_\_\_\_  
EMPLOYEE/UNION SIGNATURE TITLE

DATE RECEIVED BY CITY	RECEIVED BY	TITLE
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