

Grievance/Arbitration Checklist for “Deems Desirable”

Grievance # _____ Grievant: _____ EID # _____

P/L _____ Hours _____ - _____ SDO's _____/_____ Level _____ Step _____

Straight-time hourly salary: \$_____ per hour (include copy of current Pay Chart)

1. Date/Time of the call-in to ERMs: _____
 2. Date(s) the grievant was out from work & type of Leave: _____
Clock Rings included? 9 Yes 9 No
 3. Did the grievant have FMLA coverage prior to the call-in to ERMS? 9 Yes 9 No
 - A. If “yes”, what was the date of the most recent FMLA documentation: _____
 - B. Does the FMLA condition call for “intermittent” absences? 9 Yes 9 No
If “yes”, how often? _____
 - C. Is a copy of the FMLA documentation in the grievance packet? 9 Yes 9 No
 4. What was the grievant told at the time of the call-in to ERMs?
9 Medical documentation may/might be necessary upon returning to work
9 Medical documentation was necessary upon returning to work
9 Other: _____
 5. Was the grievant contacted by management AFTER the call-in to ERMS? 9 Yes 9 No
If “Yes”, who contacted them: _____ When? _____
How were they contacted? _____ What were they told? _____

 6. Did grievant receive discussion(s) PRIOR to being placed on “deems desirable”? 9 Yes 9 No
If “Yes”, when, who was the supervisor, and what was said: _____
 7. Did the union submit an Information Request for all materials that management did use to determine that the grievant be placed on “deems desirable”? 9 Yes 9 No
 8. Did the union conduct an Investigative Interview with management to determine why the grievant was placed on “deems desirable”? 9 Yes 9 No
 9. What reason did management state to place the grievant on “deems desirable”? _____

 10. Was a 3972 provided by management to support their rationale? 9 Yes 9 No
 11. Did the absences relate to the reason they were placed on “deems desirable”? 9 Yes 9 No
If “No”, why was the rationale used by management inconsistent with absence(s)? _____

 12. Did the grievant follow instructions and provide medical documentation? 9 Yes 9 No
 - A. If “No”, why not, and what was the grievant charged with? _____

 - B. If “Yes”, when did the grievant go to the doctor/hospital/walk-in unit, etc? _____
Doctor's name and address: _____

- \$ Mileage to and from grievant's home (include Mapquest report): _____ miles.
\$ Time spent for travel to and from, waiting, and office visit: _____ hours _____ min.
\$ Cost/co-pay paid by the grievant to obtain documentation (include copy) \$ _____

\$ Cost to grievant's Health Plan to obtain documentation (include copy of EOB) \$_____