

METROPOLITAN STATE UNIVERSITY OF DENVER
State Classified
Employee Grievance Procedures
Revised 12/07

Rule 8-5B states, —A permanent employee may grieve matters that are not subject to appeal or review by the Board or Director. The grievance process is designed to address and resolve problems, not to be an adversarial process. Parties are encouraged to use alternative dispute resolution methods in an attempt to reach early solutions.

Employees who intend to initiate a grievance must notify the Human Resources office no later than 10 calendar days after the employee reasonably should have knowledge of the action/occurrence being grieved. The Human Resources office will be responsible for monitoring the grievance process at each step.

General rules apply to each stage of this process and include the following:

- Grievances should be resolved at the lowest level and as informally as possible—depending on the chain of command of the affected individual, this may involve several layers to resolve the issue*;
- Statutorily, the President of the University is designated the role of Appointing Authority. However, the President of the University has delegated this responsibility to the Executive Director of Human Resources;
- Copies of all grievance materials must be sent to the Human Resources Office;
- If one party requests mediation in attempt to resolve differences, the other party must participate. Mediation stops the clock at any step in the process;
- Timeframes may be waived by mutual agreement of all parties;
- The entire process should be accomplished in a total of 30 days to comply with Rule 8-6; and
- An employee may be represented by any person of the employee’s choice at any step(s) of the grievance process. The representative may participate and speak for the employee. However, the employee is expected to participate in the discussion during the grievance process.

Accordingly, the following procedures shall be followed by all classified employees at Metropolitan State University of Denver.

Step 1—Informal (verbal)

- A. The affected employee (claimant) shall make an attempt to resolve the grievance through an informal meeting/discussion with the party /supervisor of which there is a dispute. The claimant shall state the issue and the requested resolve for the issue in dispute with the associated party. This informal meeting shall take place within 10 calendar days of the knowledge of the action or occurrence. The party/supervisor of the claimant must convene the meeting to discuss the issue(s).
- B. If discrimination is alleged, the complainant should also file a complaint with the State Personnel Board by completing the Consolidated Appeal Form within the same time period and sending it directly to address listed on the form.
- C. After the informal meeting, the party/supervisor shall attempt to resolve the issue(s) and inform the claimant of their decision, in written format, and within 7 calendar days following the informal meeting/discussion.

- D. The decision reached at this informal stage shall be binding on the parties unless the claimant elects to proceed to the formal written stage.
- E. If a timely decision is not issued, the claimant may proceed to the next stage of the process.

Step 2 (a) – Written Formal to Next Level of Supervision*

*This step may be repeated several times or skipped depending on the number of supervisors in the chain of command such as manager, dean, director, etc. Employees should consider the impact of this chain of command in the time frame when completing this step. In some instances, the next level supervision would cause the claimant to skip directly to Step 2 or Step 3 in the process.

- A. If resolution at Step 1 does not resolve the matter to the claimant’s satisfaction, the claimant may file a written grievance within 5 calendar days after the conclusion of Step 1.
- B. The formal written grievance shall be made by the claimant completing the Grievance Form which states the complaint, the actions the claimant has already taken to resolve the matter and the relief requested. This completed document will be given directly to the next level supervisor of the person that the employee has a dispute with. A copy of the document shall be sent to the Office of Human Resources.
- C. Only the issues set forth in the written grievance shall be considered thereafter.
- D. This next level supervision shall convene a meeting to discuss the issues and provide a written decision within 12 calendar days of receipt of the written grievance. It is this level of supervision that is responsible for conducting an investigation, interviewing relevant parties, and gathering data if necessary to arrive at a decision. A copy of the decision must be provided to the Office of Human Resources.
- E. The decision reached at this formal stage shall be binding on the parties unless the claimant elects to proceed to the next written stage or repeats the process based on the additional chain of command in their division.
- F. If a timely decision is not issued, the claimant may proceed to the next stage of the process.

Step 2 (b) – Formal (Written) Vice President Level*/Appointing Authority

* This step will always precede the final step. Employees should consider the impact of the chain of command associated with their individual situation when completing previous steps to ensure the 30 day completion date is met.

- A. If resolution at Step 2 (a) does not resolve the matter to the claimant’s satisfaction, the claimant may continue the grievance to the Vice President level by contacting the Office of Human Resources Classified Manager. A neutral, unbiased Vice President will be assigned to the grievance and all parties will be notified of the selection.
- B. The claimant will present a copy of the written grievance and a copy of the decision(s) from Step 2 (a) to the selected Vice President within 3 calendar days.
- C. The selected Vice President shall convene a meeting to hear the dispute and determine if other information is warranted to be able to render a written decision. The written decision will be sent to the designated Appointing Authority (Director of Human Resources) within 12 calendar days after receipt of the claimant’s written grievance.
- D. The Director of Human Resources will review the written decision and either agree or disagree with the Vice President’s decision within 3 calendar days.
- E. The Director of Human Resources’ decision is final and binding unless the claimant pursues the issue to the Colorado State Personnel Board.

Step 3—Formal (External)

- A. If the claimant is not satisfied with the decision rendered at Step 2 (b), the claimant may file a petition of hearing with the Colorado State Personnel Board. Filing a petition for hearing must be accomplished by completing a Consolidated Appeal/Dispute Form. The form and instructions

for completing it can be found at <http://www.msudenver.edu/hr/forms/>. The petition must be filed within 10 calendar days after conclusion of the University's formal grievance process.

- B. A copy of the petition for hearing must also be sent to the Office of Human Resources.

Attachments:

Chart Format

Blank Chain of Command Form

Blank Grievance Form

Consolidated Appeal Form Procedures

Blank Consolidated Appeal Form

**METROPOLITAN STATE UNIVERSITY OF DENVER'S
GRIEVANCE PROCEDURE—Revised 12/07
Personnel Rules, Chapter 8, Rule 8B**

Step	Method	Timeframe	Employee (Complainant)	To	Management Action
1). Informal Process	Verbal	Within 10 calendar days of knowledge of action or occurrence.	Requests meeting to resolve issues. Discusses problem <u>and</u> , if discrimination is alleged, files <i>Consolidated Appeal/Dispute Form</i> with Personnel Board. Copy to HR.	Immediate Supervisor and the next level of supervision (supervisor's supervisor) at the employee's discretion.	Immediate supervisor schedules meeting. Attempts to resolve and inform employee of decision within 7 calendar days after grievance is initiated. Decision to employee must be in writing. Copy to HR.
2A). Formal Process	Written	Within 5 calendar days after conclusion of Step 1.	Completes Grievance Form stating complaint, providing appropriate documentation, and resolution requested. Copy to HR.	Next level of supervision (supervisor's supervisor). If involved at step 1, skip to next step 2B.	Schedules a meeting, investigates issues, and provides a written decision within 5 calendar days of receipt of written grievance. Decision to employee must be in writing. Copy to HR.
2A). Formal Process	Written	Within 5 calendar days after conclusion of previous step.	Completes summary memo stating request to review, steps followed and copies of written results along with documentation at steps 1 and 2. Copy to HR.	Dean or Director. If no dean, director, or they are involved at step 1, skip to next step.	Schedules a meeting, investigates issues, and provides a written decision within 5 calendar days of receipt of written grievance. Decision to employee must be in writing. Copy to HR.
2B). Cont. Formal Process	Written	Within 3 calendar days after conclusion of previous step.	Completes summary memo stating request to review, steps followed and copies of written results along with documentation at steps 1 and 2. Copy to HR.	Classified employment manager who will then select a Vice President outside of the Employee's work unit and then final review to the Executive Director of HR.	Vice president schedules a meeting, investigates issues, and provides a written decision to the Human Resources Director within 12 calendar days of receipt of written grievance. HR Director agrees or disagrees with decision within 3 calendar days. Decision to employee must be in writing. Copy to HR.
3). Board Review	Written	Within 10 calendar days after conclusion of MSU Denver's formal process.	Files petition for review-- <i>Consolidated Appeal/Dispute Form</i> *-- with original grievance and final decision. Copy of petition sent to HR.	Colorado State Personnel Board 336 17th St. Suite 1320 Denver, Co 80202-3604 Fax: (303)886-5038	Review of the record by the Board; hearing is discretionary.

**Consolidated Appeal/Dispute Form* and *Grievance Form* can be found at <http://www.msudenver.edu/hr/forms/>

- Copies of all grievance materials must also be sent to the Human Resource's Office.
- Timeframes may be waived by mutual agreement of all parties.
- Request to mediation the issue stops the clock in this procedure. 8-9B rule states that, "If one party requests mediation in the grievance process, the other party must participate."
- An employee may be represented by any person of the employee's choice at any step(s) of the grievance process.

GRIEVANCE CHAIN OF COMMAND FORM

Grievances should be resolved at the lowest level and as informally as possible—depending on the chain of command of the claimant, this may involve several layers to resolve the issue*.

Use this chart to assist you in determining the chain of command in your assigned area.

Person Involved	The Role Played by this Person
Your Name	Filing in the Grievance
Your Supervisor's Name	Supervisor/Chair/Manager/Dean/Director*
Next Level Supervisor's Name	Chair/Manager/Dean/Director*
Next Level Supervisor's Name	Dean/Director*
Next Level Supervisor's Name	Vice President (assigned)
Appointing Authority Name Judy Zewe	Associate VP of Human Resources

*If the next level supervisor is the Vice President, employees will skip directly to the Vice President in the chain of command.

GRIEVANCE FORM

NOTICE: Do NOT use this form if you have received a disciplinary action, or have been laid off or administratively terminated. Use the Consolidated Appeal/Dispute Form available on the web at <http://www.colorado.gov/dpa/spb/appealdispute.pdf>.

Print or type. Keep a copy of the completed grievance form for yourself. Refer to Chapter 8 of the State Personnel Board Rules and Personnel Director’s Administrative Procedures for information regarding the grievance process. (Board Rule 8-8B)

If you would like to resolve this grievance on an informal basis, with the help of a trained facilitator from outside your department, then call the State Employees Mediation Program (SEMP) at 866-6559 for this assistance.

GRIEVANT’S NAME:

GRIEVANT’S ADDRESS:

REPRESENTATIVE:

REPRESENTATIVE’S ADDRESS:

EMPLOYING DEPARTMENT:

STATEMENT OF GRIEVANCE

RELIEF REQUESTED

DISCRIMINATION ALLEGED*: YES NO. TYPE OF DISCRIMINATION ALLEGED (e.g., race, national origin, sex, age, religion):

***NOTE:** If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, within ten (10) calendar days of the alleged discriminatory practice.

REPORTING CHAIN: (Complete where applicable)

Person Involved	The Role Played by this Person	1). Date of Meeting 2). Date of Decision
Your Name	Filling in the Grievance	
Your Supervisor's Name	Supervisor/Chair/Manager/Dean/Director*	
Next Level Supervisor's Name	Chair/Manager/Dean/Director*	
Next Level Supervisor's Name	Dean/Director*	
Next Level Supervisor's Name	Vice President (assigned)	
Appointing Authority Name Judy Zewe	Associate VP of Human Resources	
Personnel Board	Petition for Hearing (post marked or filed)	Date Filed: _____

Grievant's Signature: _____ **Date:** _____

Colorado State Personnel System

Instructions for Completing Consolidated Appeal/Dispute Form

This form is designed for use in all state personnel system appeals or performance management disputes, whether the appeal is to the State Personnel Director or the State Personnel Board. Please note that the form may also be used to request the State Personnel Director's external review of certain matters related to performance management disputes. Differences are noted in the instructions.

Appeals must be filed within 10 calendar days of the date on which you received notice of the action being appealed or, for exam appeals, within 10 days from the date of the exam. If the 10th day falls on Saturday, Sunday or a legal state holiday, the filing deadline is extended to the next business day. An appeal may be filed by one of the following methods.

- Mail, with a postmark on or before the 10th day, to the appropriate address on Section 7 of the form.
- Hand-deliver before the 10-day appeal period ends to the appropriate address on Section 7 of the form.
- Fax Board appeals to 303-866-5038 on or before the 10th day. Fax Director only appeals to 303-866-2021 on or before the 10th day.

The same applies to performance management disputes except the filing deadline is five (5) working days from the date of the department's or higher education institution's final written decision.

The use of the Colorado State Personnel System Consolidated Appeal/Dispute is required. Failure to give complete and specific information may result in dismissal of your appeal or dispute.

DIRECTIONS FOR FILLING OUT THE FORM:

1. IDENTIFICATION SECTION

Complainant. Enter your name, the address where you want to receive mail, and the telephone number where you may be reached concerning this appeal. It is your responsibility to notify state personnel of any change in your address. Failure to do this may result in dismissal of your appeal or dispute.

Certified status. An employee who has completed the probationary or trial service period is certified and has certain legal rights.

Representative. Do not fill in this section unless your representative (i.e., lawyer or a business agent of an employee association) signs the form. This section does not apply to performance pay disputes.

2. RESPONDENT

The department or higher education institution whose action is being appealed or disputed. The name of the person is the one who took the action, e.g., signed the letter or notice. Also briefly describe the action(s) you have taken to try and resolve the matter prior to filing this appeal or dispute.

3. SPECIFIC ACTION(S) APPEALED/DISPUTED

Describe briefly and specifically the action being appealed or disputed.

4. REASONS FOR APPEAL/DISPUTE

Provide a brief explanation of why you are requesting review of this action. You will have an opportunity to fully explain your position later. The action you are appealing can be overturned only if it is arbitrary, capricious, or contrary to rule or law. "Arbitrary or capricious" is defined as action that has no rational basis or no competent evidence to support it. "Contrary to rule or law" is defined as an action that violates a specific provision of law, policy, rule or procedure. The same applies to performance disputes involving the application of the department's performance pay program or full payment of a performance award.

5. RELIEF REQUESTED

State what you want to happen as the result of your appeal or dispute. What do you want the Director or Board to order if you win your appeal or dispute? Be specific.

6. NOTICE

The date you received notice is critical in establishing your right to appeal or dispute. Attach a copy of the written notice you received, if any, of the action you are appealing or disputing. Indicate if you did not receive any written notice of the action.

7. TYPE OF APPEAL/DISPUTE

Check off only those boxes that clearly apply to your situation. Generally, only one or two boxes will apply. Below are definitions of terms that may be helpful:

Base Pay - Current monthly or hourly rate of pay, excluding overtime or premium pay.

Status - Refers to probationary, certified, trial service, and other designations of "status" in state personnel rules (see Board Rule 1-73).

Tenure - Refers to rights associated with being a certified state employee, such as reemployment procedures after layoff.

NOTE: Be sure to mail, fax or deliver the appeal to the Personnel Director if you completed only Section 7(A) of the Colorado State Personnel System Consolidated Appeal/Dispute Form; if you completed any part of Section 7(B) of the Colorado State Personnel System Consolidated Appeal/Dispute Form, mail, fax or deliver the appeal to the Board.

8. SIGNATURE

The form must be signed by you or by your representative, if applicable, in the case of an appeal. Also, be sure that the signer's name, address and telephone number are printed or typed above in Section 1.

9. CERTIFICATE OF DELIVERY

You must deliver a copy of this form to the respondent, either in person or by first class mail, addressed exactly as you have given the respondent's address on page 1. Specify whether the copy of the form was delivered by mail or hand, and the date it was postmarked or hand delivered, then sign.

WHAT TO EXPECT NEXT:

Staff will review your appeal or dispute and, as appropriate, forward it to either the Director or Board. You will receive a written response advising you of the next step in the process. If you have not received a written response by the 10th calendar day, you may call to inquire about the status of your appeal or dispute. Depending on the type of appeal or dispute you have filed, you may call either the Board at 303-866-3300 or the Director at 303-866-2393.

Additional detailed information is available in Colorado State Personnel System Rules and Procedures, in particular Chapter 8, on the web at <http://www.colorado.gov/cs/Satellite/DPA-DHR/DHR/1213129336569>

**COLORADO STATE PERSONNEL SYSTEM
CONSOLIDATED APPEAL/DISPUTE FORM**

This consolidated form is provided for employees and/or job applicants who are filing appeals or disputes with the State Personnel Board or State Personnel Director. A copy of the Board Rules and Director's Administrative Procedures may be found at <http://www.colorado.gov/spb>.

Read the Instructions for Completing Consolidated Appeal/Dispute Form. The form may be filled in on-line and saved. You may attach additional sheets, if necessary. If you attach additional sheets to this form, note to which numbered question the information on the additional sheets applies. Pursuant to the Americans with Disabilities Act, copies of this form may be available in alternate formats. Contact the State Personnel Board for information about such forms. Mail or hand-deliver the form to the State Personnel Board, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, or fax it to 303-866-5038.

1. IDENTIFICATION OF EMPLOYEE/

Representative on Appeal (if applicable):

JOB APPLICANT (COMPLAINANT):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (w) _____

Phone: _____

(h) _____

Fax: _____

* Email: _____

* Email: _____

You must notify the Board or Director in writing if the above information changes before the appeal or dispute process is concluded. Please note that the Board does not accept email filings.

I am/was a certified state employee. Yes No

2. THE PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED (RESPONDENT):

Name: _____

Department: _____

Address: _____

3. SPECIFIC ACTIONS BEING APPEALED OR DISPUTED and REASONS FOR APPEAL/DISPUTE:

4. RELIEF REQUESTED:

5. DATE OF RECEIPT OF NOTICE OF ACTION BEING APPEALED: (You must attach a copy of the written notice or letter informing you of the action taken by Respondent, the party listed in Section 2, above.)

*As of July 1, 2009, you will receive copies of Board orders via email only. Therefore, providing an email address is mandatory. You must request an exemption in writing from the Board if you do not have access to email or to a computer.

6. TYPE OF APPEAL OR DISPUTE: Check only the box(es) that apply.

- Administrative Separation** (E.g., exhaustion of leave.)
- Director's Review** (Describe, e.g., overtime; FMLA; removal of name from eligible list; rejection of an application; or an action involving the overall administration of the personnel system by an agency, which cannot otherwise be appealed.) _____

- Disciplinary Action.** (Describe, e.g., termination or anything that affects your base pay, status or tenure.):

- Discrimination - Based on:**
 - Age
 - Disability
 - Gender, including Sexual Harassment
 - National Origin/Ancestry
 - Organizational Membership
 - Other describe): _____
 - Political Affiliation
 - Race/Color
 - Religion/Creed
 - Sexual Orientation
 - Veteran's Status
- Downward Position Allocation Appeal.** (Allocation to a class in a lower pay grade.)
- Examination Appeal.** (Objection to the conduct or content of an examination.)(Must be submitted within 10 calendar days from the date of the exam.)
- Final Grievance Decision. The final agency grievance decision violates the following:** (Check one of the 4 boxes below and attach a copy of the final grievance decision.)
 - Discrimination
 - Federal or State Constitutional Rights
 - Grievance Procedures (Board Rule 8-8 process or department process)
 - Whistleblower
- Forced Resignation**
- Higher Education Decision to Exempt a Position from the state personnel system**
- Layoff** (Includes, e.g., abolishment of position, retention rights, and re-employment rights.)
- Performance Management Dispute** (See Instructions for Completing Consolidated Appeal/Dispute Form.) (Attach copy of the original internal dispute and the department's decision and submit within 5 business days of the department's decision.)
- Whistleblower** (Retaliation for disclosure of information concerning waste of public funds, abuse of authority, or mismanagement of any state agency.) (You must attach a separate complaint form, which may be found at <http://www.colorado.gov/cs/Satellite/DPA-SPB/SPB/1232721347216>)

7. SIGNATURE: THIS FORM MUST BE SIGNED BY COMPLAINANT OR, IF APPLICABLE, COMPLAINANT'S REPRESENTATIVE. SIGNATURE BY COMPLAINANT'S REPRESENTATIVE CONSTITUTES AN ENTRY OF APPEARANCE FOR AN APPEAL. ALL DOCUMENTS AND CORRESPONDENCE WILL BE SENT TO THE PERSON SIGNING THIS FORM.

_____ Date

_____ Signature

8. CERTIFICATE OF DELIVERY:

YOU MUST HAND-DELIVER OR MAIL A COPY OF YOUR APPEAL TO THE PARTY LISTED IN #2 (RESPONDENT).

I certify that I have served a copy of this appeal on Respondent at the address specified in Section 2 above by:

(first class mail hand-delivery) this _____ day of _____, 20__.

Signature