GRIEVANCE PROCEDURE PACKET

FOR

EMPLOYEES OF

HARRIS COUNTY

&

HARRIS COUNTY FLOOD CONTROL DISTRICT

INSTRUCTIONS AND REQUIRED FORMS

Amended November 2013

PURPOSE

- The purpose of the grievance system is to settle any grievance between the County and an employee as quickly as possible to assure efficient work operations and maintain employee morale.

- **Employees should pursue, if possible, an informal resolution of their complaints, utilizing all available avenues within their department before filing a formal, written grievance.**

- Department Heads and supervisors are encouraged to work with employees to resolve grievances informally. **Efforts at informal resolution are unrelated to the formal grievance procedure and do not extend the time limit(s) included in the procedure.**

- Grievances filed after the time limit(s) are automatically denied.

ELIGIBILITY

These procedures apply to all employees (not volunteers) of the County, including but not limited to employees of the Flood Control District and the Juvenile Probation Department. However, these procedures **do not apply** to the employees of the Sheriff's Department or Community Supervision and Corrections. **These procedures do not apply to former employees.**

GRIEVABLE MATTERS

"Grievance" means a claim by an employee that he was adversely affected by a violation, misinterpretation, misapplication, or disparity in the application of a specific law, ordinance, resolution, written or unwritten policy, or rule regarding wages, hours of work, or conditions of work.

- Examples of grievable matters include, but are not limited to:
  - Misapplication of a salary ladder;
  - Misinterpretation of a department mandatory overtime policy;
  - Disparity in the application of a department shift bidding policy;
  - Violation of the County compensatory time policy.

- Examples of matters that are not grievable include, but are not limited to:
  - Employee performance evaluations that are not directly related to wages;
  - Written reprimands;
  - Terminations;
  - Promotion decisions, unless covered by a salary ladder.

- If at any point in the grievance process the Department determines that the subject of a grievance is not grievable as defined above, the Department notifies the employee in writing before the next applicable deadline.

- Employees may appeal that determination to the Grievance Resolutions Committee by submitting a copy of the Department's written notice to the County Grievance Coordinator within 5 working days of receiving it. The County Grievance Coordinator or her designee has 5 days from receipt of the appeal to set a meeting date of a panel of the Grievance Resolutions Committee. The Committee evaluates the issue and issues a written response. If the Committee determines that the issue is grievable, then the grievance resumes at the point it left off. If the Committee determines that the issue is not grievable, the grievance process ends. The Grievance Resolutions Committee's decision is final.

  The grievance procedure does not apply to allegations of discrimination based on race, color, religion, sex, national origin, age, disability, or genetic information. Discrimination allegations are handled under the Harris County Non Discrimination Policy.

  All grievances complaining of a termination are automatically denied at the time of filing.

GENERAL PROVISIONS

- *Employees must use the Grievance Forms provided by the County.* The forms are available from the Department's Grievance Coordinator, the Department's human resources staff, from Human Resources & Risk Management, and via the HRRM website.

- Employees receive their usual rate of pay for time spent during normal working hours in the grievance proceedings.

- Employees may represent themselves or be represented by someone else when presenting a grievance.

- Commissioners Court appoints the County Grievance Resolutions Committee.

- Each Department Head designates a Department Grievance Coordinator for the purpose of handling appeals in compliance with Step 2 of the procedure for filing employee grievances. This designation should be communicated to all employees within the department.

- All grievances complaining of a termination are automatically denied at the time of filing.

- If at any point in the grievance process, the employee's employment ends, the grievance process ceases.

PROCEDURE FOR FILING EMPLOYEE GRIEVANCES

Employees must follow these steps in the order given. Do not omit a step. **If a supervisor, Grievance Coordinator, Department Head, or Appropriate Authority fails to respond within the time limits set forth herein, the employee may take the next step in the procedure.**

- **Time limits begin on the first working day after the applicable occurrence, filing, appeal, response, or recommendation. Working days do not include weekends or County Holidays.**

- The employee retains a copy of the grievance and the supervisor places a copy in the employee's personnel file. All copies should note the date that the grievance was filed and the date and time that the supervisor received the grievance.

- Employees may get the forms from their Department's Grievance Coordinator, from the Office of Human Resources & Risk Management, or via the HRRM website.

Step 1- Supervisor

In order to be considered, a grievance (other than an allegation of discrimination based on race, color, religion, sex, national origin, age, or disability) **must be filed in writing using County Form 100 with the employee's supervisor within 5 working days** from its occurrence. The forms should not be used by former employees. Grievances complaining of a termination are automatically denied at the time of filing.

The supervisor has 5 working days from receipt of Form 100 to investigate, meet with the grievant, and respond in writing on County Form 200.

If the grievance involves allegations of discrimination based on race, color, religion, sex, national origin, age, disability, or genetic information then the supervisor MUST:

- **refer the grievance to the Director of the Office of Human Resources & Risk Management for handling as required under the law, and**

- **notify the employee in writing of the referral.**

Step 2– Department Grievance Coordinator

- Employees may appeal the supervisor's determination by filing a written appeal on Form 300 with the Department Grievance Coordinator within 5 working days of receiving the Form 200.

- The Department Grievance Coordinator has 5 working days to investigate, meet with the grievant, and respond in writing using County Form 300.

Step 3– Department Head

- Employees may appeal the Department Grievance Coordinator's determination by filing a written appeal on Form 400 with the Department Head within 5 working days of receiving the Form 300.

- The Department Head has 5 working days to investigate, meet with the grievant, and respond in writing using County Form 400.

Step 4– Grievance Committee

- Employees may appeal the Department Head's determination by filing a written appeal on Form 500 with the County Grievance Resolutions Committee Chairperson/Coordinator within 5 working days of receiving Form 400.

- The appeal *must*:
  (1) be made in writing, and
  (2) state the reason for the appeal, and
  (3) pertain to the original grievance filed, and
  (4) include all written responses pertaining to the specific complaint, and
  (5) include the signature of the aggrieved employee and the name of the employee's representative, if any.

- The County Grievance Coordinator schedules a hearing within 5 working days from receipt of the appeal. The Resolutions Committee reviews and carefully studies the employee's complaint. Each party may present evidence. Upon hearing the grievance, the Resolutions Committee votes to adopt a response and recommendation.

Step 5– Appropriate Authority

- Either the employee or the Department Head may appeal the Grievance Resolutions Committee's determination to a governing body other than Commissioners Court that has appropriate supervisory authority over the Department Head, if one exists, and has established a grievance procedure. For Juvenile Probation employees, the appropriate authority is the Juvenile Board. The appealing party must submit a written appeal with the County Grievance Coordinator within 10 working days of receiving the Grievance Resolutions Committee's determination. The appeal must state the reason for the appeal and specify whether appealing party wants it to be heard at a public hearing or in Executive Session. The County Grievance Coordinator places the appeal on the appropriate agenda.

- In accordance with all applicable laws, the appropriate authority considers the grievance and takes whatever steps it deems necessary under the circumstances.

Step 6 – Commissioners Court

- Either the employee or the Department Head may appeal the determination made in the highest applicable step described above to Commissioners Court by filing a written appeal with the County Grievance Coordinator within 10 working days. The appeal must state the reason for

the appeal and specify whether the appealing party wants it to be heard at a public hearing or in Executive Session. The County Grievance Coordinator places the appeal on the Commissioners Court Agenda.

- In accordance with all applicable laws, the Commissioners Court considers the grievance and takes whatever steps it deems necessary under the circumstances, including referring the matter back to the governing body referenced in Step 5.

HARRIS COUNTY GRIEVANCE
FORM 100
EMPLOYEE GRIEVANCE

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Employee Name:	**Job Title:**
Department:	**Work Phone:**

I have discussed this complaint with my immediate supervisor and I have received his/her verbal answer on (date) ____/____/ 201 . Because this answer is unacceptable to me, I wish to file a formal complaint.

Adverse Impact Statement: Specify the law, ordinance, resolution, policy or rule that was violated and how it adversely affected you.
Nature of grievance: Explain how you were unfairly treated including names and dates. (Use additional pages if needed)
A Just and Fair Solution to my grievance is:

I understand that if I wish to further appeal my complaint I have five (5) working days from my supervisor's response to submit the grievance to next step in the procedure. Grievances not appealed in a timely manner are considered settled at the previous level. **I UNDERSTAND THAT I MAY NOT GRIEVE A TERMINATION AND THAT ALL GRIEVANCES COMPLAINING OF TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.**

Date: _____/____/ 2015 **Signature:** _____

- **Original to be retained by employee**
- **Copy submitted to proper appeals person for department personnel file**

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HARRIS COUNTY GRIEVANCE
FORM 200
SUPERVISOR RESPONSE

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Employee Name:	**Job Title:**
Supervisor's Name:	**Position:**

Supervisor's Response To Employee Complaint: DO NOT USE THIS FORM IF THE GRIEVANCE INVOLVES A TERMINATION. GRIEVANCES CONCERNING TERMINATIONS ARE AUTOMATICALLY DENIED AT TIME OF FILING.

Date: ____/ ____/ 2015 **Signature: _____**

Once you have completed this form, please return to the employee and have the employee sign the acknowledgement below:

I have read my supervisor's response to my complaint and I understand that if I wish to further appeal my complaint I have five (5) working days from this response to submit the grievance to the next step in the procedure. Grievances not appealed in a timely manner are considered settled at the previous level. I UNDERSTAND THAT ALL GRIEVANCES COMPLAINING OF A TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.

Date: _____/_____/ 2015 Employee Signature: _____

- **Supervisor returns original to employee**
- **Supervisor retains copy for file**

HARRIS COUNTY GRIEVANCE
FORM 300
APPEAL TO GRIEVANCE COORDINATOR

I received my supervisor's response on (date) ____/____/ 2015. I am dissatisfied with my supervisor's solution to my grievance. I hereby appeal to the grievance coordinator.

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Reason for further appeal:

Date: ____/____/ 2015 **Signature:** _____

Grievance Coordinator's Response:

Date: ____/____/ 2015 **Signature:** _____

Once you have completed this form, please return to the employee and have the employee sign the acknowledgement below:

I have read the grievance coordinator's response to my complaint and I understand that if I wish to further appeal my complaint I have five (5) working days from this response to submit the grievance to the next step in the procedure. Grievances not appealed in a timely manner are considered settled at the previous level. **I UNDERSTAND THAT I MAY NOT GRIEVE A TERMINATION AND THAT ALL GRIEVANCES COMPLAINING OF TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.**

Date: _____/_____/ 2015 Employee Signature: _____

- **Grievance Coordinator returns original to employee**
- **Grievance Coordinator retains copy for file**

HARRIS COUNTY GRIEVANCE
FORM 400
APPEAL TO DEPARTMENT HEAD

I received the grievance coordinator's response on (date) ____/____/2015. I am dissatisfied with the grievance coordinator's solution to my grievance. I hereby appeal to the department head.

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Reason for further appeal:

Date: ____/____/2015 **Signature:** _____

Department Head's Evaluation and recommendation:

Date: ____/____/2015 **Signature:** _____

Once you have completed this form, please return to the employee and have the employee sign the acknowledgement below:

I have read my Department Head's response to my complaint and I understand that if I wish to further appeal my complaint I have five (5) working days from this response to request a hearing before the County Grievance Resolution Committee. I acknowledge that the completion and filing of my written grievance to the County Resolutions Committee is my responsibility. **I UNDERSTAND THAT I MAY NOT GRIEVE A TERMINATION AND THAT ALL GRIEVANCES COMPLAINING OF TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.**

Date: _____/_____/2015 Employee Signature: _____

- **Original to employee**
- **Department Head retains copy for file**

HARRIS COUNTY GRIEVANCE
FORM 500
APPEAL TO GRIEVANCE RESOLUTION COMMITTEE

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Nature of Grievance:

Date: ____/____/201 **Signature:** _____

Name of Representative: _____

All written response(s) pertaining to this specific complaint must accompany this request.

- **Employee retains a copy**
- **Send Originals to:**

Harris County Human Resources & Risk Management
1310 Prairie, Suite 240
Houston, TX 77002

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