

County of Sacramento
Reduction-in-Force Grievance Form

Reduction-in-Force Grievance: To file a reduction-in-force grievance, the employee or employee representative completes this section and submits the form to the Office of Labor Relations.

To: The Office of Labor Relations at labrelappeals@saccounty.gov

From: Employee Recognized Employee Organization

Bargaining Unit(s): _____

Recognized Employee Organization: _____

Employee Information

Name: _____

Job Classification: _____

Phone: _____ Email: _____

Department, Division, Section: _____

Work Location Address: _____

Length of Service

• Total County Service: _____ Years _____ Months

• Time in Present Job Classification: _____ Years _____ Months

Employee Representative (if applicable)

Name: _____

Title: _____

Phone: _____ Email: _____

Section(s) of the Layoff, Reemployment, or Reduction-in-Force Article Allegedly Violated: Identify the applicable Article, Section, Subsection, LOU, or Addendum.

Statement of Grievance: Include affected employee name(s) and relevant details (e.g., dates, locations, witness names, and a description of the circumstances).

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Proposed Remedy: Describe the specific relief or action requested to resolve the grievance.

Signature of Person Filing Grievance: _____ **Filing Date:** _____

County Decision: This section is completed by the County representative issuing the response.

Date Grievance Received: _____ Grievance Number: _____

Signature of County Representative: _____ **Response Date:** _____