

**GRIEVANCE AND APPEAL PACKET**  
(For permanent State employees in the classified  
service, not included in any collective bargaining Unit)  
per-144 NEW 12/15/2023

STATE OF CONNECTICUT  
**OFFICE OF LABOR RELATIONS**

**INSTRUCTIONS:** Observe time limits on the following pages. Do not detach any pages throughout the procedure. Always use the same original packet throughout procedure. Employees, agencies, etc. are responsible for making such copies as may be necessary for their files. The original packet is the property of the employee until the appeal level is reached when it becomes the property of the Employees' Review Board.

EMPLOYEE'S NAME:	EMPLOYEE'S CLASS TITLE:
EMPLOYEE'S ADDRESS: (Home or Office)	ADDRESS IS: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE
EMPLOYEE'S AGENCY: (Facility, if one)	
EMPLOYEES AUTHORIZED REPRESENTATIVE: (if represented)	REPRESENTATIVE'S ADDRESS:

**ACTION BEING GRIEVED**

<input type="checkbox"/> DISMISSAL <input type="checkbox"/> DEMOTION <input type="checkbox"/> SUSPENSION <input type="checkbox"/> LAY-OFF	EFFECTIVE DATE OF THIS ACTION:
---	--------------------------------

**IMPORTANT: If you checked any of the above, sign and date this page, and turn directly to Page 4**

- Alleged unfair unsatisfactory performance evaluation.
- Alleged discrimination (not appealed to Human Rights Commission)
- Alleged unsafe or unhealthy working conditions (not involving compliance with health and safety standards and the Connecticut Occupational Safety and Health Act).
- Alleged misinterpretation and/or application of a specific State Personnel Statute or regulation (must be cited specifically in "statement of violation").

DATE OF VIOLATION ALLEGED ABOVE:

STATEMENT OF VIOLATION ALLEGED ABOVE: (extra pages may be attached)

STATEMENT OF RELIEF BEING SOUGHT: (extra pages may be attached)

SIGNATURE OF GRIEVANT:

DATE SIGNED:

**GRIEVANCE AND APPEAL  
LEVEL ONE**

**STATE OF CONNECTICUT  
OFFICE OF LABOR RELATIONS**

**INSTRUCTIONS:** This packet must be submitted to your supervisor or department chief or other employee as designated by your appointing authority not later than thirty (30) calendar days from the date of the alleged violation. An answer must be provided to you within seven (7) calendar days from the date submitted or within seven (7) calendar days of a meeting convened for the purpose of reviewing the grievance. The meeting shall be convened within seven (7) calendar days from the date the grievance is submitted. When completed, return ENTIRE PACKET to the employee or the employee's representative.

NAME OF PERSON TO WHOM GRIEVANCE IS SUBMITTED:	WRITTEN SIGNATURE OF EMPLOYEE:	DATE SUBMITTED:
--	--------------------------------	-----------------

ANSWER AT LEVEL ONE (extra pages may be attached, if necessary)

SIGNATURE OF PERSON ANSWERING GRIEVANCE:	DATE ANSWERED:
--	----------------

**GRIEVANCE AND APPEAL  
LEVEL TWO**

**STATE OF CONNECTICUT  
OFFICE OF LABOR RELATIONS**

**INSTRUCTIONS: If the answer at Level One is unsatisfactory to you, and you elect to proceed to this level, you must submit this complete packet to your appointing authority or designated representative within seven (7) calendar days from the date the answer was given at Level One.**

**An answer must be provided to you within seven (7) calendar days from the date submitted or within seven (7) calendar days of a meeting convened for the purpose of reviewing the grievance. The meeting shall be convened within seven (7) calendar days from the date the grievance is submitted. When completed, return ENTIRE PACKET to the employee or the employee's representative.**

NAME OF PERSON TO WHOM GRIEVANCE IS SUBMITTED:	WRITTEN SIGNATURE OF EMPLOYEE:	DATE SUBMITTED:
--	--------------------------------	-----------------

ANSWER AT LEVEL TWO (extra pages may be attached, if necessary)

SIGNATURE OF PERSON ANSWERING GRIEVANCE:	DATE ANSWERED:
--	----------------

**GRIEVANCE AND APPEAL  
LEVEL THREE**

**STATE OF CONNECTICUT  
OFFICE OF LABOR RELATIONS**

**INSTRUCTIONS:**

**IF YOU HAVE BEEN DISMISSED, DEMOTED, SUSPENDED OR LAID-OFF**, you may grieve this action by submitting this complete packet to the Office of Labor Relations within twenty-one (21) calendar days of the effective date of the action.

**IF YOU GRIEVED OTHER MATTERS** and the answer at Level Two is unsatisfactory to you, and you elect to proceed to this level, you must submit this complete packet to the Office of Labor Relations within seven (7) calendar days from the date the answer was given at Level Two.

**IN ALL ABOVE GRIEVANCES** an answer must be provided to you within thirty (30) calendar days of receipt, or within fifteen (15) calendar days of a meeting convened for the purpose of reviewing the grievance, in which case, such meeting shall be convened within thirty (30) calendar days of receipt. When completed, return **ENTIRE PACKET** to the employee or the employee's representative.

NAME OF PERSON TO WHOM GRIEVANCE IS SUBMITTED:	WRITTEN SIGNATURE OF EMPLOYEE:	DATE SUBMITTED:
--	--------------------------------	-----------------

**SEND ENTIRE PACKET TO :** Office of Labor Relations  
450 Capitol Avenue  
MS53OLR  
Hartford, CT 06106-1308  
(860) 418-6447

ANSWER AT LEVEL THREE (Provided on attached page)

**APPEAL TO THE EMPLOYEES' REVIEW BOARD**

**STATE OF CONNECTICUT  
OFFICE OF LABOR RELATIONS**

If the answer at Level Three is unsatisfactory to you and you elect to appeal to the Employees' Review Board, you must submit this complete packet within (10) calendar days from the date the answer was given at Level Three.

I hereby file an appeal to the Employees' Review Board	WRITTEN SIGNATURE OF EMPLOYEE:	DATE SUBMITTED:
--	--------------------------------	-----------------

**SEND ENTIRE PACKET TO :** Chairperson, Employees' Review Board  
State Office Building  
Department of Administrative Services  
450 Columbus Blvd. 14<sup>th</sup> Floor Suite 1401  
Hartford, CT 06103  
E-Mail: All Grievance and Appeal Packets along with documentation to:  
Linda.shackett-blue@ct.gov  
(860) 713-5179 or (860) 785-9750

