

## **TAG – State Human Resources Policy and Procedure**

## **GRIEVANCES- General**

### **REFERENCES**

K.A.R. 1-12-1

### **POLICY**

Employees, classified and unclassified, may grieve conditions of work they believe adversely affect them with the following exceptions:

- a) Subjects whose settlement or appeal procedures are covered in Kansas Statutes or Regulations i.e., suspensions, demotions, dismissals, salary reductions and performance reviews.
- b) Non-selection for a job. (However, compliance with procedural requirements may be grieved).
- c) Management's authority to assign work to employees in accordance with their position description.
- d) Disagreements with the laws of the State of Kansas and Civil Service regulations.
- e) Disagreement with written policies of The Adjutant General's Department solely on the basis of opposition on moral or intellectual grounds.
- f) Allegations of sexual harassment or discrimination. (See agency policies addressing these issues.)

Copies of this policy shall be posted on all the department's official bulletin boards. Employees shall not be subject to coercion or reprisal for filing a grievance. Such actions should be reported to State Human Resources (SHR).

### **PROCEDURES**

#### **Grievance Procedures for Working Conditions:**

1. Employees are required to bring the matter to the immediate supervisor within seven (7) calendar days of the occurrence.
2. The employee and supervisor should make a good faith effort to successfully resolve the issue.
3. The supervisor is required to respond to the employee within seven (7) calendar days.
4. If unsatisfied, the employee may appeal to the second level supervisor within seven (7) calendar days using the written grievance form. *The employee is responsible for providing copies of the grievance to SHR and the immediate supervisor.*
5. The second level supervisor is required to respond in writing to the employee within 7 calendar days, *with a copy to SHR.*
6. If the employee is still not satisfied with the response and chooses to appeal, the third level supervisor must receive the grievance form within seven (7) calendar days.
7. That supervisor has 14 calendar days in which to respond in writing to the employee, *with a copy to SHR.*
8. If the employee is not satisfied, they must appeal using the grievance form to the office of The Adjutant General within seven (7) calendar days.
9. The Adjutant General has 14 calendar days to respond in writing. The decision of The Adjutant General is final.
10. Copies of the final decision will be distributed to the appropriate supervisory personnel.

#### **Notes**

1. Timelines are counted as follows: Date of occurrence is considered Day 1. Date of receipt is considered Day 1.
2. Deadline extensions may be made by mutual agreement or by the Director of SHR for extenuating circumstances.
3. In the event a supervisor is unavailable to process a grievance, a designee may be appointed to address the matter.
4. Those responding to the grievance may meet with the employee to provide a full discussion of the matter. The employee must represent him/herself.
5. At any time during the process if mediation or assistance is desired, the Director of SHR may be contacted.
6. Failure by a supervisor to meet a timeline allows the employee to take the grievance to the next supervisory level.
7. Failure by the employee to meet a timeline shall be considered a settlement of the grievance based on the last decision.
8. Employees covered under a local union may file a grievance under one system only.
9. Employees have the right to file civil rights complaints with appropriate enforcement agencies.

**ATTACHMENTS:** Grievance Form and Grievance Flow Chart.

**OPR:** Director of State Human Resources

**The Adjutant General's Department  
GRIEVANCE FORM  
State of Kansas**

This form is only to be used after an employee has taken the concern to the immediate supervisor, has had an opportunity for a full discussion of the grievance, is not satisfied with the supervisor's response and desires to appeal that decision.

<b>To:</b> _____	<b>From:</b> _____	<b>Date:</b> _____
<b>Worksite:</b> _____	<b>Position Title:</b> _____	<b>Phone:</b> _____
The following incident occurred on: _____ It was presented to my supervisor on: _____ I am not satisfied with the response received on: _____		

**Grievance:** (Additional pages may be attached.) Grievance information must include the specific alleged adverse effect(s) this matter has on the employee.

**Requested Remedy:**

\_\_\_\_\_  
Signature of Grievant/Date

- Employee provides copies to:**
- a) State Human Resources (SHR), State Defense Building, 2800 SW Topeka Blvd, Topeka, KS 66611-1287
  - b) The immediate supervisor

### Response of Second Level Supervisor

I received the grievance on \_\_\_\_\_, which was/was not within the 7 calendar day deadline.  
(Response must be completed within 7 calendar days, with the date of receipt being day 1.)

**Response:**

**Signature/Date** \_\_\_\_\_  
*(Send copy of response to SHR)*

### Response of Third Level Supervisor

I received the grievance on \_\_\_\_\_, which was/was not within the 7 calendar day deadline.  
(Response must be completed within 14 calendar days, with the date of receipt being day 1.)

**Response:**

**Signature/Date** \_\_\_\_\_  
*(Send copy of response to SHR)*

## Final Decision of the Adjutant General

I received the grievance on \_\_\_\_\_, which was/was not within the 7 calendar day deadline.  
(Response must be completed within 14 calendar days, with the date of receipt being day 1.)

**Response:**

**Signature/Date** \_\_\_\_\_

## The Adjutant General's Department Grievance Procedure State of Kansas

