

**TSS-Related Grievance Form**

The Department-wide Transportation Specialist Series (TSS) Review Committee requires this form to be completed and submitted with supporting documentation when a grievance is being filed.

**The form must be fully completed or it will be returned without further action.**

- Union representative

Name: \_\_\_\_\_ Local Union Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ GroupWise or email address: \_\_\_\_\_

- Name of Grievant: \_\_\_\_\_

• Classification: \_\_\_\_\_ Grievance:(step)1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

- Statement of Grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Contract Violations: \_\_\_\_\_  
\_\_\_\_\_

- Remedy Sought: \_\_\_\_\_  
\_\_\_\_\_

- Date this form is being sent: \_\_\_\_\_

Check the appropriate subject:

- |                                       |                              |
|---------------------------------------|------------------------------|
| _____ Seniority                       | _____ Training Opportunities |
| _____ Hours of Work                   | _____ Salary                 |
| _____ Overtime Distribution           | _____ Transfer               |
| _____ Reassignment                    | _____ TSS Vacancies          |
| _____ Maintenance Seasonal Work Crews | _____ Other (must specify)   |

**-----STEP 3 GRIEVANCES:-----**

Who (from the local union and which Union Business Representative) will be attending the TSS Review Committee meeting to present/support this Grievance: \_\_\_\_\_

**NOTE: Send this form and all grievance documents via interoffice mail to:**

Mn/DOT Office of Human Resources  
Labor Relations Section – MS 200  
Attention: TSS Review Committee

An acknowledgement will be sent when the form is received by Mn/DOT Human Resources

**TSS Issues Form**

The Department-wide Transportation Specialist Series (TSS) Review Committee requires this form to be completed and submitted with supporting documentation when an issue is being referred to the TSS Review Committee.

**NOTE:** Issue may not be subject to the grievance procedure or a job classification issue.

**The form must be fully completed or it will be returned without further action.**

- Union representative  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Group Wise or email address: \_\_\_\_\_
  
- Local Union Number: \_\_\_\_\_
  
- Location (District/Office): \_\_\_\_\_
  
- Date this form is being sent: \_\_\_\_\_
  
- Mn/DOT Management representative  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Group Wise or email address: \_\_\_\_\_

On what date was the issue last discussed at a local labor management committee meeting? \_\_\_\_\_

Briefly describe the issue and the efforts/discussions that have taken place at the local level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who, if anyone, from the local union and local management would be interested in attending a committee meeting when this issue is discussed?

Local union: \_\_\_\_\_

Local Management: \_\_\_\_\_

**NOTE: Send this form and all grievance documents via interoffice mail to:**

Mn/DOT Office of Human Resources  
Labor Relations Section – MS 200  
Attention: TSS Review Committee