

El Paso County Sheriff's Officers Association, Inc.

747 E. SAN ANTONIO # 103

EL PASO, TEXAS 79901

Office: (915) 544-4251

Fax: (915) 533-5117



Memorandum

To: El Paso County Sheriff's Officers Association

From:

Date:

Re: Grievance

Grievance # issued: 15-00

Grievance Procedure:

In accordance with the CBA (Collective Bargaining Agreement) between the Sheriff and the Association, Article Twenty One, Section 2. Step 1. And the CBA between the County and Association Article Ten, Section 2 (B) Step 1. Officers will use this form when filing a Grievance with the Association's Grievance Committee.

Name	Division	Officer's Lt.	Phone#
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Briefly Describe the Incident Causing this Grievance:

Please include date(s), time(s), and place, Supervisors involved, witness (es) if any. If more room is needed, continue on a separate sheet and attach any supporting documentation.

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List the Article(s) and Section(s) of the CBA(s) or Sheriff's Civil Service which was violated.
(Use separate sheet if necessary)

Remedy or Adjustment Sought: (Use separate sheet if necessary)

Officers Signature

Date

Grievance Committee Chair

Date Grievance filed

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Grievance Committee's Decision is final and not negotiable:

Association will **ACCEPT** the Grievance: _____
Grievance Committee Chair's signature and Date

Association will **DECLINE** the Grievance: _____
Grievance Committee Chair's signature and Date

*** (**IMPORTANT REMINDER:** The Association, in order to comply with time limits, request that Grievances be filed within 10 days of the actual or constructive knowledge of the alleged violation.)***