

New York State Correctional Officers & Police Benevolent Association, Inc.

**GRIEVANCE FORM**

(Please Type or Print)

Revised: March 1, 2003

LOCAL Grievance Number: \_\_\_\_\_  
Facility (or Agency): \_\_\_\_\_

**DO NOT WRITE IN THIS BOX**

NYSCOPBA Grievance Number: CON

Aggrieved Employee: \_\_\_\_\_

LOCAL Union Rep: \_\_\_\_\_

Phone Number/ext. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date of Occurrence: March 2025

Contract Article Violation(s): Articles 2, 6, 8, 14, 31 and 27 (Civil Ser. Law §§ 161, 161a, 162; FMLA, NY Workers Comp Law)

**STATEMENT OF FACTS:**

On March \_\_\_\_ 2025, I received notice from the New York State Department of Corrections and Community Supervision (DOCCS) that I was terminated effective March \_\_\_\_ 2025 pursuant to Article 14.10 of the Agreement. Article 14.10 of the Agreement states, "Any employee absent from work without authorization for ten (10) consecutive workdays shall be deemed to have resigned from his position if he has not provided a satisfactory explanation for such absence on or before the eleventh (11<sup>th</sup>) workday following the commencement of such unauthorized absence."

Contrary to the assertion in the March \_\_, 2025, letter, I provided a satisfactory explanation to DOCCS for my absence from work. Specifically, I have an established Workers' Compensation claim that states I am totally disabled from work.

Documentation supporting the reason for the absence, fully explaining the reasons for my absence from work, and all other communications with the facility during the relevant time is attached to this grievance.

By terminating my employment, after providing sufficient explanation for my absence, DOCCS violated Article 14.10 of the Agreement. Further, by terminating my employment without any due process under Article 8, which includes the right to an arbitration hearing and a determination on "just cause" DOCCS violated Article 8 of the Agreement.

**REMEDY SOUGHT:** That this grievance be sustained; that the March XX 2025 letter terminating my employment be rescinded; that I be immediately reinstated to employment with DOCCS in my former position and title; that I be awarded full back pay, and benefits, retroactive to the date of termination; that I be made otherwise whole for any losses suffered from my improper termination of employment; to have my healthcare insurance re-instated and to be reimbursed to payments for the Employer's Share of Healthcare Insurance.

[illegible]

## STEP 1 DECISION

Date of Review:\_\_\_\_\_

Date Received:\_\_\_\_\_

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Superintendent or Designee: \_\_\_\_\_ Date Answered: \_\_\_\_\_

Date Received:\_\_\_\_\_

Received by (Union Official):

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## APPEAL TO STEP II

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II

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**FACTS OF APPEAL:**

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[illegible]

Signature: \_\_\_\_\_ Date Appealed: \_\_\_\_\_