

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: \_\_\_\_\_

Contract Article Violation(s): Articles 14, 27 (FMLA)

**STATEMENT OF FACTS:**

On \_\_\_\_\_, 2025, \_\_\_\_\_ issued a direct order to me to report to the \_\_\_\_\_] Correctional Facility for duty at \_\_\_\_\_.

On \_\_\_\_\_ I was approved to be absent under the New York State Paid Parental Leave (PPL) program as my child was born on \_\_\_\_\_.

The dates of my PPL was \_\_\_\_\_. Documentation supporting my approved PPL is attached.

Article 14.12 of the Agreement provides for Paid Parental Leave as provided for in Appendix G of the of the Agreement. Appendix

G provides in relevant part, "Employees may take leave with pay for up to 12 weeks for each qualifying event, defined as the birth of a child or placement of a child or adoption or foster care."

By ordering me to return to duty prior to the expiration of my PPL, DOCCS violated the Agreement.

**REMEDY SOUGHT: That this grievance be sustained; that I be immediately permitted to return to PPL; that any lost PPL time be immediately restored; that that I be made whole for any losses.**

Aggrieved Employee's Signature: \_\_\_\_\_



## STEP 1 DECISION

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

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

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

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

Received by (Union Official):

# APPEAL TO STEP II

**FACTS OF APPEAL:** \_\_\_\_\_

[illegible]

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