

SOCIAL SERVICE EMPLOYEES UNION LOCAL 371



AFSCME-AFL-CIO
817 Broadway, New York, New York 10003, (212) 677-3900, Health & Safety, Fax (212)505-2289

HEALTH & SAFETY GRIEVANCE

Type of Grievance: Group (X) Union (X)

(PLEASE PRINT OR TYPE ALL INFORMATION)

Number Of SSEU Members In The Building: _____	
Members Name(s) -----SEE ATTACHED LIST OF GRIEVANTS-----	
Department and Location _____	
ADMINISTRATIVE OFFICER:	
Step I () _____	Step Omitted (X)
Step II () Maxine Cenac, Chief Deputy Review Officer _____	Step Omitted (X)
Step III (X) Office of Labor Relations 40 Rector Street, 4th Floor New York, N.Y. 10006	Step Omitted ()

Statement of the Grievance (attach additional sheets if necessary): **THERE HAS BEEN A VIOLATION, MISINTERPRETATION, OR MISAPPLICATION OF:**

- (X) The DC 37 Citywide Contract, including, but not limited to Article(s): XIV, 2A
 - () The SSEU Local 371 Contract, including, but not limited to Article(s): _____
 - (X) Rules and regulations, policy, or orders applicable to _____ (cite agency: e.g., HRA, HHC etc.)
- Including, but not limited to The NYC Building, Fire & (cite rule(s), procedure(s) violated)
Health Codes, and the P.E.S.H.A.

STATEMENT:

SEE ATTACHED LIST OF GRIEVANTS/COMPLAINANTS
Signature of Staff Member

XXXXXXXXXXXXXXXXXXXX
Date

Signature of Representative

Date

10/27/00