

GRIEVANCE FORM

GENERAL INFORMATION:

DATE	NUMBER

FOR OFFICE USE ONLY

NAME OF GRIEVANT Association Grievance

HOME ADDRESS 18765 SW Boones Fy Rd CITY Tualatin STATE OR ZIP 97062

HOME PHONE _____ WORK PHONE 503 293 0011 EMAIL lajoie@oregonrn.org

GRIEVANT'S UNIT, SHIFT, & CLASSIFICATION All affected x328 St. Vincent RNS.

EMPLOYER FACILITY PSVMC

EMPLOYER ADDRESS Barnes Rd, Portland OR

GRIEVANCE STEP 1 PRESENTED TO Cindy Horian Andrew Stuchiner TITLE Managers: 9E/9W 6W

STATEMENT OF GRIEVANCE:

The employer violated the contract by modifying time records and employees' pay without authorization including but not limited to removing hours worked that would result in overtime compensation.

BASIS OF GRIEVANCE (including, but not limited to):

- VIOLATION OF CONTRACT SECTION(S) AND OTHER SECTIONS THAT MAY APPLY:
Art D, E, App C.
- VIOLATION OF ESTABLISHED PRACTICE
- VIOLATION OF APPLICABLE LAW OR REGULATION
- VIOLATION OF RULE
- OTHER (SPECIFY): _____

REMEDY DESIRED: CHECK, IF APPLICABLE: TO BE MADE WHOLE.

Complete audit of all nursing units, back pay to all staff for unpaid hours worked, end practice of altering time records to avoid payment for work performed.

CHECK, IF APPLICABLE:

I HEREBY AUTHORIZE THE OREGON NURSES ASSOCIATION (ONA) AND ANY OF ITS REPRESENTATIVES TO ACT ON MY BEHALF IN ALL MATTERS PERTAINING TO THIS GRIEVANCE.

LOCAL UNIT REPRESENTATIVE Steve Mayer, Philip D'Onofrio

ONA STAFF LABOR REPRESENTATIVE Sally de Jon

May 30th, 2013 (DATE) [Signature] (GRIEVANT SIGNATURE)