

APPENDIX D
FORMS - PART I
(NEGOTIATED FORMS)

AUTHORIZATION FOR OVERTIME/COMP TIME
GRIEVANCE - HARASSMENT BY DISTRICT MANAGER
GRIEVANCE STEP - I
GRIEVANCE STEP - II
PROFESSIONAL GROWTH REIMBURSEMENT CLAIM FORM
REPORT OF ABSENCE
REQUEST FOR POSITION TRANSFER

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

AUTHORIZATION FOR OVERTIME/COMPTIME
 (To be authorized prior to overtime/comptime except in emergency situation)

EMPLOYEE NAME:		POSITION/CLASSIFICATION:		DATE OF REQUEST:
DATE OVERTIME/COMPTIME WILL BE WORKED:		ANTICIPATED HOURS TO COMPLETE ASSIGNMENT/PROJECT:		
REQUEST TYPE				
<input type="checkbox"/> COMPTIME	<input type="checkbox"/> OVERTIME	<input type="checkbox"/> REQUESTED BY MANAGER	<input type="checkbox"/> REQUESTED BY EMPLOYEE	
DATE(S)		PROJECT		HOURS
SUPERVISOR/PAYMENT AUTHORIZATION			TOTAL HOURS	
<input type="checkbox"/> Request approved	<input type="checkbox"/> Request denied	<input type="checkbox"/> COMPTIME	<input type="checkbox"/> OVERTIME	
TOTAL HOURS APPROVED:	<input type="checkbox"/> HOURS SUBMITTED ON TIME SHEET BY SUPERVISOR:			
SUPERVISOR'S SIGNATURE:	DATE:	EMPLOYEE'S SIGNATURE:	DATE:	

white-payroll

yellow-department

pink-employee

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

GRIEVANCE - HARASSMENT BY DISTRICT MANAGER

TO HUMAN RESOURCES REPRESENTATIVE:		DATE:
FROM GRIEVANT:	WORK LOCATION/SITE:	

HARASSMENT IS DEFINED AS SYSTEMATIC AND PERSISTENT BADGERING, UPBRAIDING,
OR THREATS TO AN EMPLOYEE BY A DISTRICT MANAGER (ARTICLE 10.4)

STATE THE SPECIFIC CIRCUMSTANCES THAT YOU ALLEGE TO BE HARASSMENT: *(list witnesses)*

1.	MONTH:	DAY:	YEAR:	MANAGER'S NAME:
----	--------	------	-------	-----------------

SPECIFY TYPE OF HARASSMENT (BADGERING, THREAT, ETC.)

2.	MONTH:	DAY:	YEAR:	MANAGER'S NAME:
----	--------	------	-------	-----------------

SPECIFY TYPE OF HARASSMENT (BADGERING, THREAT, ETC.)

3.	MONTH:	DAY:	YEAR:	MANAGER'S NAME:
----	--------	------	-------	-----------------

SPECIFY TYPE OF HARASSMENT (BADGERING, THREAT, ETC.)

SPECIFIC REMEDY REQUESTED:

SIGNATURE OF GRIEVANT:	DATE:	REPRESENTATIVE (IF ANY):
------------------------	-------	--------------------------

OFFICE USE ONLY

DATE GRIEVANCE RECEIVED:	MEETING DATE:	INVESTIGATION:
--------------------------	---------------	----------------

RECOMMENDATION OF HUMAN RESOURCES REPRESENTATIVE:

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:	DATE:
---	-------

SANTA MONICA COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES

GRIEVANCE - STEP I

TO IMMEDIATE SUPERVISOR:	DEPARTMENT:
FROM GRIEVANT:	WORK LOCATION/SITE:

SPECIFIC PROVISION(S) OF CONTRACT ALLEGED TO BE VIOLATED:

ARTICLE(S):	SECTION(S):
DATE OF EVENT GIVING RISE TO THE GRIEVANCE: (MONH/DAY/YEAR)	DATE OF REQUIRED INFORMAL DISCUSSION: (MONTH/DAY/YEAR)

STATEMENT OF GRIEVANCE:

Provide full statement of facts surrounding grievance detailing specific provisions alleged to have been violated, names of witnesses who have information relevant to claim and attach relevant documents.

STATE THE SPECIFIC REMEDY SOUGHT:

--

IS A MEETING WITH THE IMMEDIATE SUPERVISOR REQUESTED? YES NO

ADDITIONAL PERSON REQUESTED AT CONFERENCE (IF ANY):

NAME:	TITLE:	
SIGNATURE OF GRIEVANT:	DATE: (MONTH/DAY/YEAR)	REPRESENTATIVE (IF ANY):

OFFICE USE ONLY

DATE GRIEVANCE RECEIVED:	MEETING DATE:	LAST DAY TO RESPOND:	RESPONSE DATE:	REQUESTED BY: <input type="checkbox"/> Grievant <input type="checkbox"/> Supervisor
--------------------------	---------------	----------------------	----------------	--

NATURE OF RESPONSE: APPROVED DENIED

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:	DATE:
---	-------

white-office of human resources

yellow-immediate supervisor

pink-grievant

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

GRIEVANCE - STEP II

TO IMMEDIATE SUPERVISOR:	DEPARTMENT:
FROM GRIEVANT:	WORK LOCATION/SITE:

DATE OF EVENT GIVING RISE TO THE GRIEVANCE: (MONH/DAY/YEAR)	DATE STEP I FILED: (MONTH/DAY/YEAR)
---	-------------------------------------

ATTACH ALL WRITTEN DECISIONS RENDERED AND ALL WRITTEN STATEMENT SUBMITTED IN STEP I.
STATE REASON FOR THE APPEAL:

IS A MEETING WITH THE SUPERINTENDENT/PRESIDENT OR DESIGNEE REQUESTED? YES NO

ADDITIONAL PERSON REQUESTED AT CONFERENCE (IF ANY):

NAME:	TITLE:
-------	--------

SIGNATURE OF GRIEVANT:	DATE: (MONTH/DAY/YEAR)	REPRESENTATIVE (IF ANY):
------------------------	------------------------	--------------------------

OFFICE USE ONLY

DATE GRIEVANCE RECEIVED:	MEETING DATE:	LAST DAY TO RESPOND:	RESPONSE DATE:	REQUESTED BY: <input type="checkbox"/> Grievant <input type="checkbox"/> Supervisor
--------------------------	---------------	----------------------	----------------	--

NATURE OF RESPONSE: APPROVED DENIED

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:	DATE:
---	-------

white-superintendent/president

yellow-office of human resources

pink-grievant

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

PROFESSIONAL GROWTH REIMBURSEMENT CLAIM FORM

EMPLOYEE NAME: (print or type)		DATE OF CLAIM:	
POSITION:		DEPARTMENT:	
ADDRESS	CITY:	STATE	ZIP CODE:

DATES OF ATTENDANCE

FROM:	TO:
-------	-----

RECEIPTS REQUIRED	ITEMS	FACILITY/SPONSORING AGENCY	AMOUNT REQUESTED
	TUITION/CLASS (COLLEGE/ UNIVERSITY)		\$
	CONFERENCE		\$
	WORKSHOP		\$
	BOOKS		\$
TOTAL OF CLAIM			\$

I hereby certify that the amounts claimed are actual; that they were expended to attend a class, conference or workshop during my non working hours.

SIGNATURE OF CLAIMANT:	DATE :
------------------------	--------

HUMAN RESOURCES VERIFICATION

LAST REIMBURSEMENT (ITEM)	DATE/AMOUNT	AMOUNT APPROVED (THIS REQUEST)
		\$

“I hereby certify that this claim is to reimburse an employee who has been approved for professional growth reimbursement and is for actual expenses in accordance with the District/CSEA Agreement, Article 11.11. The supporting receipts and documents are on file in the district office of human resources and available for review. Funds expended do not exceed the amount previously budgeted for such purposes by the governing board.”

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:	ACCOUNT NUMBER:	ENCUMBRANCE
---	-----------------	-------------

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

REPORT OF ABSENCE

LAST	FIRST	M.I.	TODAY'S DATE
------	-------	------	--------------

This is to certify that I was/will be absent from work on the following date(s): *LISTED BELOW*

	TOTAL HOURS/DAYS
--	------------------

My absence was/will be due to:

<input type="checkbox"/> Bereavement (B) <i>relationship of deceased</i> _____ <input type="checkbox"/> Comp Time Use (C) <input type="checkbox"/> Family and Medical Leave (FMLA/unpaid) <input type="checkbox"/> Illness/Injury (I)* <input type="checkbox"/> Personal Business Unpaid (P) <i>Explain below (prior approval required)</i>	<input type="checkbox"/> Jury Duty (J) <i>Submit court appearance verification</i> <input type="checkbox"/> Necessity (N) <i>contract section</i> _____ <input type="checkbox"/> Vacation (V) *Is illness/injury work related? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

EXPLAIN

SIGNATURE OF ABSENTEE	DATE
-----------------------	------

Leave Approved
 Unauthorized Absence - Unpaid
 Request Review of Leave

SIGNATURE OF IMMEDIATE SUPV.	DEPT. LOCATION	DATE
------------------------------	----------------	------

HUMAN RESOURCES USE ONLY

<input type="checkbox"/> Extended Illness (EI) <i>to be used <u>only</u> when approved</i>	<input type="checkbox"/> Work Injury (WI) <i>to be used <u>only</u> when approved</i>
<input type="checkbox"/> Vacation Used in lieu of Illness (IV) <i>to be used <u>only</u> when ill leave has been exhausted</i>	

Leave Approved
 Leave Denied

AUTHORIZATION BY:	DATE
-------------------	------

white-payroll

yellow-supervisor

pink-employee

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

REQUEST FOR POSITION TRANSFER

CSEA Chapter 36/District Agreement Article 6.2

TRANSFER BULLETIN #:	POSITION:	DEPARTMENT:
----------------------	-----------	-------------

EMPLOYEE NAME:	CURRENT CLASSIFICATION:		
DEPARTMENT:	EXT.:	CURRENT ASSIGNMENT: <input type="checkbox"/> 11 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Hours	SHIFT FROM: TO:

I REQUEST TO BE CONSIDERED FOR TRANSFER TO THE FOLLOWING POSITION THAT HAS BEEN ANNOUNCED AS VACANT.

I will be on vacation, leave or not on duty from _____ to _____ and request to be notified by US mail to this address _____

I _____ have been authorized by the employee listed
NAME POSITION

above to apply for transfer on their behalf during their leave which is from _____ to _____

PLEASE LIST THE EXPERIENCES, SKILLS AND TRAINING THAT QUALIFIES YOU FOR THIS POSITION

EMPLOYEE SIGNATURE:	DATE:
---------------------	-------

white-office of human resources

yellow-interview

pink-employee