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**EMPLOYEE CLASSIFICATION GRIEVANCE PROCEDURE  
MICHIGAN STATE UNIVERSITY – CLERICAL TECHNICAL UNION OF MSU**

This form is to be used by clerical/technical personnel wishing to formally grieve that their current classification is inappropriate and to determine if a change in classification is warranted.

INSTRUCTIONS FOR USE

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STEP ONE:

Employee:

- Complete Sections I and II, page 2, 3, 4. (Please type or print if possible).
- Sign and Date below and present this form to your immediate supervisor.

I verify the statements in Section I and II are complete and accurate.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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STEP TWO:

Supervisor:

- Upon Receipt of this grievance, sign and date below and return a copy of this page to employee.

Signature of Immediate Supervisor/Designee \_\_\_\_\_

Date Copy Presented to Employee \_\_\_\_\_

Administrative Unit:

- Consult with appropriate personnel to review grievance.
- Complete Section III, page 4.
- Within 2 weeks after copy is presented to employee:
  - 1) sign and date below
  - 2) return a copy of page one and four of this form to employee
  - 3) forward this form to CTU, 2990 E. Lake Lansing Rd, East Lansing 48823-2281

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Department Administrator/Designee \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director/Designee \_\_\_\_\_ Date \_\_\_\_\_

Date Grievance answer returned to employee and CTU: \_\_\_\_\_

Employee:

- Within one week of administrative unit's response contact CTU if you wish to pursue this grievance to the next step of the procedure.
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STEP THREE

CTU:

- Within 3 weeks of the Step Two disposition CTU should sign and date below and forward this form to the Office of Employee Relations if it wishes to pursue this classification grievance further.

Submitted to the Office of Employee Relations on \_\_\_\_\_ by \_\_\_\_\_  
(CTU Representative)

Employee Relations:

- Sign and date below to acknowledge receipt of grievance.
- Within 6 weeks after receipt forward a copy of this form with attached decision to employee, administrative unit and CTU.

Received by the Office of Employee Relations on \_\_\_\_\_ by \_\_\_\_\_  
(OER Representative)

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Decision:

Decision and summary findings on the classification grievance submitted to the Employee, Administrative Unit and CTU by the Office of Employee Relations.

Signature \_\_\_\_\_

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SECTION I

A. General Information

Name\_\_\_\_\_ Campus Address\_\_\_\_\_

Department\_\_\_\_\_ Administrative Unit\_\_\_\_\_

Employment Date\_\_\_\_\_ Length of Time in Present Position\_\_\_\_\_

Hours Worked Per Normal Week\_\_\_\_\_ Current Salary\_\_\_\_\_

Current Classification Title and Level\_\_\_\_\_

Name of Supervisor\_\_\_\_\_ Name of Department Administrator\_\_\_\_\_

B. Statement of Grievance

I believe my present classification is incorrect because:

My classification should be:

SECTION II

A. Position Information

*This section is intended to assist in evaluating your grievance and is designed to provide accurate/correct information about your position.*

1. Briefly state the function of the unit in which you work.

2. Briefly state the function of your position.

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3. Please list the specific duties and responsibilities of your position in order of importance.

Frequency  
(daily, weekly, monthly, yearly)

**All duties performed daily**

(If you need more space, attach additional 8 1/2 X 11 paper.)

**B. Position Requirements**

What necessary knowledge, skill, formal education and/or training are not covered in your current classification description?

**C. Employee Contacts**

1. How and from whom do you receive your regular work assignments?

2. Do you coordinate or oversee the work of others on a regular basis? \_\_\_\_ Yes or \_\_\_\_ No

If yes list their name(s) and title(s) and explain how you coordinate or oversee their work.

There are no lead workers and we may occasionally oversee the work of student employees.

**D. Related Information**

1. What do you consider the most difficult aspect of your work and why?

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2. What machines, equipment or instruments do you regularly use and operate in the course of your work?

3. Are there any other comments you wish to make concerning your position which relate to this grievance?

Please sign on first page and forward to your supervisor.

**SECTION III**

**Administrative Unit Response**

*Statements and signatures of unit representatives are not indicative of agreement or disagreement with the grievance. The Office of Personnel Administration has the sole authority to recommend the classification of positions to the Board of Trustees.*

In the opinion of the administrative unit, has the employee accurately and completely described the duties and responsibilities of the position?

\_\_\_\_\_ Yes

\_\_\_\_\_ Yes, with modification:

\_\_\_\_\_ No, please explain:

Are there any other comments you wish to make concerning the employee's grievance?

Please affix appropriate signatures on first page.