

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

GRIEVANCE REQUEST

INSTRUCTIONS: This request is to be used to file a grievance request in accordance with TSA MD 1100.77-2, *Grievance Procedures*. The Grievance Process has two steps. First Step is a formal written grievance to the First Step Official who is the first line supervisor, or other official with the authority to resolve the grievance. You must file within 15 days of the action or decision being grieved or from when you first learned or may have been reasonably expected to learn of the decision or action. Filing instructions are contained in TSA MD 1100.77-2, Section 8A(5), Time Limits. Second Step is to the Second Step Official who is a higher-level official than the First Step Official, and in most cases, is the First Step Official's immediate supervisor. You must file within 15 days after receiving the first-step decision, or, if no first-step decision was received, within 15 days after the date on which the first step grievance decision was due. Filing instructions are contained in TSA MD 1100.77-2, Section 8A(5), Time Limits. Attach a copy of the first-step decision, or a statement that no first-step decision was received.

SECTION I. Requestor Information

Date of Request: 12/28/2012 Date Grievable Action Occurred: 12/13/2012
Name: (b)(6)
Airport Code/Office: IAH
Current Position: ERDO
Include Occupational Series & Pay Band (e.g., HR Specialist, 0201, 1 Band)
Phone Number: 281/846- (b)(6) Email Address: _____

SECTION II. Other Forms of Resolution Sought (Check all that apply.)

- ☐ Office of Professional Responsibility (OPR) ☐ Mediation ☐ Merit Systems Protection Board (MSPB)
☐ Office of Civil Rights and Liberties (OCRL) ☐ Office of Special Council (OSC) ☐ Peer Review
☐ TSES Executive Review Board (ERB) ☐ Other: _____

SECTION III. First Step (Attach additional information/supporting documentation, not to exceed 5 documents.)

1. Action/occurrence giving rise to the grievance: 1 day suspension
2. The remedy or personal relief sought: rescind suspension + restore pay
3. Representative Name (if any): CYNTHIA SANDERS
4. Phone Number: (713) 725- (b)(6) TSA Employee ☐ YES ☒ NO

SECTION IV. First Step Certification

I certify that this request was (check one) ☐ hand delivered ☐ mailed by U.S. mail ☒ ~~faxed~~ emailed
on _____ (Date)
to _____ (First Step Official)

(Signature) _____ (Date)

SECTION V. Decision of First Step Official (Check one and attach written decision. If cancelled state reason and see TSA MD 1100.77-2, Grievance Procedures, Section 6A(2).)

- ☐ Granted (☐ In part or ☐ full)
☐ Denied
☐ Cancelled

SECTION VI. Second Step

I certify that this request was (check one) ☐ hand delivered ☐ mailed by U.S. mail ☐ faxed

to _____ on _____
(First Step Official)

(Signature)

(Date)

SECTION VII. Decision of Second Step Official (Check one and attach written decision. If cancelled state reason and see TSA MD 1100.77-2, Grievance Procedures, Section 6A(2).)

The second step decision is the Final Decision, and there is no further right to review.

- ☐ Granted (☐ In part or ☐ full)
☐ Denied
☐ Cancelled:

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. 114(n) authorizes the collection of this information. **PRINCIPAL PURPOSE(S):** TSA will use this information in the investigation and resolution of your grievance. **ROUTINE USE(S):** This information may be shared with official at the Merit Systems Protection Board, the U.S. Office of the Special Counsel, the Equal Employment Opportunity Commission, and/or any other agency or office when in performance of their official duties. Sharing is governed by System of Records Notice DHS-ALL-018 Grievances, Appeals, and Disciplinary Action. **DISCLOSURE:** Voluntary. Failure to provide this information could result in a delay or inability to resolve your grievance.

Previous editions of this form are obsolete.

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