

INTERNATIONAL UNION OF OPERATING ENGINEERS

July 28, 2021

Craft-Maintenance Division State of California Unit 12
Locals 3, 39 & 501, AFL-CIO

Paul Starkey
Deputy Director, Labor Relations Division
CalHR
Labor Relations Office
1515 S Street, North Building, Suite 500
Sacramento, California 95811

Sent Via email: Paul.Starkey@calhr.ca.gov

Re: Notice of CalHR Policy for COVID-19 Testing – Step 3 Grievance

Dear Mr. Starkey,

IUOE is in receipt of your July 26, 2021, letter regarding “Notice of CalHR Policy for COVID-19 Testing”.

By implementing the abovementioned policy without 60-day notice to IUOE, CalHR is in violation of the Bargaining Unit 12 MOU. Article 22.1 of the Unit 12 MOU clearly states, IUOE shall be noticed 60 days prior to proposed implementation.

Please see attached Unit 12 Grievance for the department’s violation of Article 22.1. Based on the severity of the grievance the Union is filing at Step 3 of the grievance procedure.

If you have any questions, you can reach me at 916-928-0399.

I look forward to your response.

Sincerely,



Brandy Johnson
District Representative, State of California
Unit 12 & Unit 13 Coordinator

Cc: Kami Kezler, CalHR, Unit 12 & Unit 13, Labor Relations, sent via email
Travis Tweedy, Local 3, Public Sector Director
Deric Barnes, Local 501, Public Sector Director

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 9/2013)

BARGAINING UNIT NAME Craft and Maintenance	BARGAINING UNIT NUMBER (Circle one) 1 2 3 4 5 6 7 8 9 10 11 <u>12</u> 13 14 15 16 17 18 19 20 21
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Please refer to your bargaining unit's contract for specific information regarding employee grievance procedures and time frame requirements.

GRIEVANT'S NAME All impacted Unit 12 employees		HOME TELEPHONE NUMBER (include area code) 916-928-0399	
HOME ADDRESS (Number and Street) 1620 N. Market Blvd.	(City) Sacramento	(State) CA	(Zip Code) 95828
DEPARTMENT CalHR - All State Departments	DIVISION OR FACILITY ALL	SECTION, BRANCH, UNIT, ETC. ALL	
POSITION CLASSIFICATION ALL Unit 12 Classifications	NORMAL WORKING HOURS Various	WORK TELEPHONE NUMBER (include area code) 916-928-0399	

REPRESENTATION INFORMATION (Complete if applicable)

REPRESENTATIVE'S NAME Brandy Johnson	ORGANIZATION AFFILIATION Local 39	TELEPHONE NUMBER (include area code) 916-928-0399
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GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE July 26, 2021	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR N/A	DATE OF INFORMAL RESPONSE N/A
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GRIEVANCE DESCRIPTION (Clear, concise statement. Attach additional sheets if necessary.)

On July 26, 2021, Paul Starkey, Deputy Director, Labor Relations, for the California Department of Human Resources (CalHR), sent (Via Email) a notice of CalHR Policy for COVID-19 Testing with a implementation date of August 2, 2021.


Mr. Starkey, CalHR, violated Article 22.1, Entire Agreement Clause, by not properly noticing IUOE 60 days prior to its proposed implementation. Furthermore, CalHR violated Article 14.2, by violating the Ralph C. Dills Act by not properly noticing the Union of this significant changes to the terms and conditions of employment for bargaining unit 12 employees.

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

Article 22.1, 14.2 and any applicable laws, rules, and government codes.

SPECIFIC REMEDY SOUGHT

1. Immediately Cease and Desist the implementation of the July 26, 2021 "CalHR Policy for COVID-19 Testing".
2. Properly Notice IUOE by adhering to Article 22.1 of the current MOU.
3. Make whole any and all Bargaining Unit 12 employees who may be harmed by improperly implementing "CalHR Policy for COVID-19 Testing" by violating Article 22.1.


GRIEVANT'S SIGNATURE 	DATE FILED 7/28/2021
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(For grievance level reviews I through IV, continue on reverse.)

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD 630 (Rev. 9/2013) (REVERSE)


GRIEVANCE REVIEW--LEVEL I

DATE RECEIVED	LEVEL I REVIEWER (Signature) 	RESPONSE DATE
REVIEWER'S PRINTED NAME AND TITLE	TELEPHONE NUMBER (include area code)	


LEVEL I DECISION

<input type="checkbox"/> I concur and do not appeal to the second review level	<input type="checkbox"/> I do not concur and appeal to the second review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			


GRIEVANCE REVIEW--LEVEL II

DATE RECEIVED	LEVEL II REVIEWER (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL III--DEPARTMENT DIRECTOR OR DESIGNEE

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF HUMAN RESOURCES

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE	