

**COUNTY OF SACRAMENTO  
REDUCTION IN FORCE GRIEVANCE FORM**

To: Director of Labor Relations  
700 H Street, Room 7650, Sacramento, CA 95814

A. This section to be completed by employee or union representative:

From:

_____ Employee's Name	_____ Employee's Job Title
_____ Employee's Department, Division, Section	_____ Work Address and Phone Number
_____ Union Representative, If Any	_____ Union Representative Work Phone

Length of Service: County \_\_\_\_\_ Years \_\_\_\_\_ Months

Present Classification: \_\_\_\_\_ Years \_\_\_\_\_ Months

Section(s) of Reduction in Force Agreement allegedly violated:

Statement of Grievance [include name(s) of affected employee(s)]:

Proposed Solution:

_____ Employee's Signature	_____ Date Grievance Filed
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B. This section to be completed by the County:

Date grievance received by the Office of Labor Relations: \_\_\_\_\_

Decision:

_____ County Representative	_____ Date
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