

Purpose of the Survey

The intent of conducting an employee survey is to understand the potential impacts on employees in order to assist in mitigating these impacts. It is always best to receive “buy in” from our employees even though the reasons for the change will often take priority over individual inconveniences. In spite of this, it is best for the commands to solicit feedback and to take this feedback into consideration, in making the decision of whether to change working conditions.

Since one of the purposes of conducting the survey is to mitigate impacts, we recommend using the Department’s Groupwise email to distribute the survey. Doing so, will allow the command to confirm who the survey was sent to, who opened the survey email and who chose to participate with a response. Groupwise’s tracking capability can serve to keep both the command and officers accountable, in terms of equal access and participation.

It is critical that before any survey is conducted, the interested command receive support for the change from the Office of Operations. It is also imperative that a work load study be requested from the Office of Operations, Field Deployment Unit, and studied for impacts, prior to proceeding with any survey.

In following these steps, the command can ensure that their initial desire to change watch hours or to start/cancel a watch can be supported by empirical data and that it has been authorized by their chain of command. Once these steps are completed, it is then appropriate to conduct the survey.

River City Survey Sample

Proposed change of Watch 2 Hours

Current Watch 2 hours: 0600 hours-1800 hours

Suggested Watch 2 hours: 0500 hours-1700 hours

An operational plan is being considered that would change the current working hours of officers assigned to Watch 2. This change would aid in the response to radio calls and increase resources during peak hours of operation. Since this plan would directly affect the working conditions of the officers assigned to River City Division, we are requesting your response.

The current Watch 2 hours are 0600 hours to 1800 hours. The plan under consideration would change the Watch 2 hours to 0500 hours to 1700 hours. Please consider your response to this survey carefully.

Check one of the below boxes indicating whether you **support** the proposal, **do not support** the proposal, or if you are **indifferent** to the proposal. Should you choose to not support the proposal, please complete the additional comments section with your reasoning. Your input is very important and you are encouraged to share your thoughts.

The aforementioned operational plan is only under consideration. Thank you for your comments and consideration.

___ **I SUPPORT** the proposal of changing Watch 2 from 0600-1800 to 0500-1700.

___ **I DO NOT SUPPORT** the proposal of changing Watch 2 from 0600-1800 to 0500-1700.

___ **I AM INDIFFERENT** to the proposal of changing Watch 2 from 0600-1800 to 0500-0700.

Please share any concerns, suggestions, or additional comments you may have regarding the proposed Watch 2 change.

Please reply via Department email to ***** @*****. Serial No. ***** , by typing your responses in the body of this email and ensure that all of your responses are contained in one email reply. The results of this survey will be forwarded to Employee Relations Group (ERG) after 14 calendar days. If you respond to this survey after this time period, your response will still be forwarded to ERG.

For management use only

File No.

Association/Union

Unit

GRIEVANCE RESPONSE

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)

Class title

Filing Date of Grievance Initiation

Dept./Bureau and Division

Section

Level of Review (Check One)

Informal
Discussion

1st
Level

2nd
Level

3rd
Level

What are the issues involved in this grievance?

****SEE ATTACHED****

What is your decision?

****SEE ATTACHED****

What is the basis for your decision?

****SEE ATTACHED****

Names of Supervisors and other persons with whom this grievance was discussed:

Reviewer's Signature

Title

Date

Reviewer's Name (Please Print)

Dept./Bureau

Division

Received by Grievant

(Signature)

Date

Grievance Response No.
NAME OF GRIEVANT
DEPT/BUREAU/DIV.
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What are the issues in this grievance?

What is your decision?

What is the basis for your decision?

GRIEVANCE INITIATION

File No.
Association/Union
Unit

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	
Dept./Bureau and Division	Section	Business Phone
Has this grievance been discussed with your Immediate Supervisor?	Date of discussion	
Name of Immediate Supervisor	Title	

What is the action or situation about which you have a grievance? (Be specific as to names, dates and locations.)

What do you think should be done about it?

What was the Supervisor's response?

What article of applicable Memorandum of Understanding (MOU) and/or Department Work Rules do you think have been violated?

Article of MOU	Department Work Rule	Date of Grievable Incident
----------------	----------------------	----------------------------

What other person, beside yourself, do you want notified of any hearings or actions taken on this grievance?

Name	Mailing Address
His/her role in the grievance	
Grievant's Signature	Date

Received by: _____

Immediate Supervisor's Signature _____

Date _____

GRIEVANCE INITIATION

File No.
Association/Union
Unit

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	
Dept./Bureau and Division	Section	Business Phone
Has this grievance been discussed with your Immediate Supervisor?	Date of discussion	
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What do you think should be done about it?

What was the Supervisor's response?

What article of applicable Memorandum of Understanding (MOU) and/or Department Work Rules do you think have been violated?

Article of MOU	Department Work Rule	Date of Grievable Incident
----------------	----------------------	----------------------------

What other person, beside yourself, do you want notified of any hearings or actions taken on this grievance?

Name	Mailing Address
His/her role in the grievance	

Grievant's Signature	Date
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Received by: _____

Immediate Supervisor's Signature _____

Date _____

GRIEVANCE APPEAL

File No.
Association/Union
Unit

For management use only

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	Filing Date of Grievance initiation
Dept./Bureau	Division	Section

1. I wish to appeal the Grievance Response signed by: (See Grievance Response)

Name _____ Title _____ Date _____

1A. Level to which grievance is being appealed: **Check One**

2nd Level 3rd Level Arbitration

Authorized Employee
Organization Representative
(if arbitration requested)

Signature _____

Title _____

Date _____

Reason for Appeal

Grievant's Signature	Date
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Received by: _____

Immediate Supervisor's Signature _____ Date _____

OFFICIAL CORRESPONDENCE REVIEW

INITIATED BY: (NAME, BUREAU OR DIVISION, ETC.) Rank & Name Area/Division		DATE 5/16/2019	
(Request for Administrative Transfer or Downgrade)			
STAFF OFFICER ASSIGNED: (NAME, BUREAU OR DIVISION, PHONE EXTENSION, ETC.)			
ATTN	REVIEWED BY:	ATTN	REVIEWED BY:
	OFFICE OF THE CHIEF OF POLICE		OFFICE OF ADMINISTRATIVE SERVICES
	CHIEF OF STAFF		INFORMATION & COMMUNICATIONS SERVICES BUREAU
	EMPLOYEE RELATIONS GROUP		ADMINISTRATIVE & TECHNICAL SERVICES BUREAU
	CRITICAL INCIDENT MANAGEMENT BUREAU		PERSONNEL DIVISION
	OFFICE OF OPERATIONS		CONSENT DECREE BUREAU
	CENTRAL BUREAU		PROFESSIONAL STANDARDS BUREAU
	SOUTH BUREAU		
	WEST BUREAU		
	VALLEY BUREAU		
	SPECIAL OPERATIONS BUREAU		ADMINISTRATIVE OFFICE -- C.O.P.

70-15.75.0 (5/93)

Routing Instructions:

Administrative Transfers

1. First Stop: The bureau in your chain of command.

If your bureau is in the Office of Operations, the Second Stop (2) is the Office of Operations. If not, then,
2. Second Stop: Employee Relations Group
3. Final Stop: Personnel Division

4 stops total for OO entities

Downgrades

1. First Stop: The bureau in your chain of command.

If your bureau is in the Office of Operations, the Second Stop (2) is the Office of Operations. If not, then,
2. Second Stop: Employee Relations Group
3. Third Stop: Office of Administrative Services
4. Final Stop: Personnel Division

5 stops total for OO entities

INTRADEPARTMENTAL CORRESPONDENCE

Date
Reference No.

TO: Director, Office of Administrative Services

FROM: Commanding Officer, _____ Area/Division

SUBJECT: REQUEST FOR DOWNGRADE OF _____, SERIAL NO. _____, _____ AREA/DIVISION

It is requested that _____ be downgraded from his/her position as a _____. The employee received his/her advanced paygrade/bonus position on **(date)**, therefore, this request is submitted pursuant to **(select one: the Department's former rules for employees who received their advanced paygrade or bonus positions before October 30, 2009. - OR - Department Manual Section 3/763.55 for employees who received their advanced paygrade or bonus positions on or after October 30, 2009.)** This downgrade is requested because of (Articulate reasons for downgrade – must clearly demonstrate a failure or inability to satisfactorily perform the duties of the position. Be specific.).

I advised Officer _____ on (date) on his/her right to provide a written response to the proposed personnel action within 30 days. No response was received – OR – His/her written response is attached.

This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2010. If you have any questions, please contact me at (XXX) XXX-XXXX.

Division Signature Block, Captain
Commanding Officer,
_____ Area/Division

APPROVED:

APPROVED:

Bureau Signature Block, Deputy Chief
Commanding Officer
Operations-_____ Bureau

SANDY JO MacARTHUR, Assistant Chief
Director, Office of Administrative Services

Attachments

Original Signed Request Acknowledgement Form
Performance Evaluation Report (Form 1.78)
Request for Transfer and/or Change in Paygrade (Form 1.40)
Employee's Written Response (if applicable)

EXEMPLAR

**REASSIGNMENT TO A LOWER PAYGRADE REQUEST
ACKNOWLEDGEMENT**

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

ORIG. - Employee

TRIP. - Department

DUP - Personnel Dept.

QUAD. - Department

NOTICE TO CORRECT DEFICIENCIES

EMPLOYEE'S NAME (First)	(Middle)	(Last)	DATE
CLASS TITLE			CLASS CODE
DEPARTMENT/PUBLIC WORKS BUREAU POLICE DEPARTMENT		BUREAU/DIVISION	
STATEMENTS OF DEFICIENCY (Use Reverse Side if Necessary)			

- DESCRIBE YOUR OBSERVATION:
- IDENTIFY THE EMPLOYEE'S THOUGHT PROCESS (optional):
- IDENTIFY VALUES, RULES, & POLICY :
- DESCRIBE WHAT COULD HAPPEN IF THE ACTIVITY CONTINUES:
- DESCRIBE WHAT THE EMPLOYEE SHOULD HAVE DONE:
- DESCRIBE EXPECTATIONS (optional):

CONSEQUENCES FOR NOT CHANGING (List only what you **realistically** intend to do if behavior doesn't change: do NOT inflate or exaggerate; do be creative, and don't be timid. If the misbehavior recurs, **do what you said you'd do**, and do it promptly).

If you behave in the same or a similar way again, any number of the following things will likely happen to you:

*[NOTE: only state the items that you **actually believe** will or should occur: don't list all of them. This is just a partial list of suggested options to select from]*

- | | |
|--|---|
| 1. A personnel Complaint will be initiated against you. | 7. You will be precluded from promotion. |
| 2. You will be reassigned to a position of lower paygrade. | 8. You will be made ineligible for assignment to one or more specialized units. |
| 3. You will be deselected from a bonus position. | 9. You will be precluded from working the field. |
| 4. You will be transferred to another Bureau. | 10. Your work hours and days off will be adjusted. |
| 5. You will be moved to a different work schedule. | 11. You will be removed from a specialized division. |
| 6. Your salary will be reduced through merit pay rate reduction. | |

Prepared by: _____, Serial No. _____

IMMEDIATE SUPERVISOR SIGNATURE	APPROVED BY	TITLE
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The purpose of this notice is to call the above deficiency to your attention, and give you an opportunity to correct it. A copy of this notice will be placed in your personnel file and may be considered in future disciplinary actions.

Without agreeing with the above, I certify that I have received a copy of this notice.	EMPLOYEE SIGNATURE	DATE
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INTRADEPARTMENTAL CORRESPONDENCE

Date
Ref #

TO: Employee Relations Administrator

FROM: Commanding Officer, Operations-South Bureau

SUBJECT: REQUEST FOR TEMPORARY HIGHER LEVEL POSITION PAY FOR
[Rank, Paygrade, and Name] _____, SERIAL NO. _____, [DIVISION] _____

In accordance with Article 5.9 of the Police Officers, Lieutenant and Below Memorandum of Understanding No. 24, it is requested that _____, Serial No. _____, be granted temporary higher level position pay.

_____ has assumed the duties of a vacant [Civil Service Rank and Paygrade] due to the [Transfer, Retirement, Absence of] _____ Serial No. _____ left the position on _____, and _____ assumed the position effective _____.

_____ should receive temporary higher level position pay until _____, or he/she leaves the position, whichever occurs first.

If you have any questions, please contact _____, [Division] at _____.

APPROVED:

NAME, rank
Commanding Officer
_____ Area/Division

NAME, rank
Commanding Officer
_____ Bureau

Attachment (Please send copies of the Master Timebook or payroll sheet showing the incumbent having left and the Acting employee having taken over the position)

Buck Slip Routing:

1. Bureau
2. Employee Relations Administrator
3. Fiscal Operations Division

Sworn 56-Day Paygrade Waiver

I, [Employee's name and rank], Serial No. _____ understand and agree to the following:

- I am currently assigned to a position ordinarily occupied by an officer of higher paygrade than mine. That advanced paygrade is ordinarily [rank, paygrade, and title, e.g. "Sgt-II, AWC" or "P-3+1 SLO" or "Lt-2 Adjutant" etc.]
- The Department has a limited number of advanced paygrade positions it can fill at this time. However, the Department will make a good faith effort to fill this advanced paygrade position according to the budget, needs, priorities, and best interests of the Department.
- If I remain in this position beyond 56 consecutive days and up to 168 consecutive calendar days (6 DPs) will receive additional compensation of 2.75% of my regular salary base pay for each day so assigned beyond 56 days. Such compensation shall not be pension based.
- I will continue to be paid at my current paygrade for the first 56 consecutive days, not the higher paygrade, unless I am selected for and appointed to the advanced paygrade or continue in the same assignment up to 168 consecutive days.
- If the advanced paygrade position is opened for competitive selection, there is no guarantee that I will be selected for or given the advanced paygrade position.
- If the advanced paygrade position is opened and I am selected for and given the advanced paygrade position, I will not receive retroactive pay for the 56 day time period I occupied the position prior to being given the advanced paygrade.
- Management agrees that it is not the intent to use temporary pay assignments to circumvent the normal promotion or appointment process. In this regard, Management shall make a reasonable effort to fill vacancies in an expeditious manner. However, for the purposes of this Article, it is understood that whether a vacancy is to be temporarily filled shall be determined at the sole discretion of Management. In this same regard, nothing contained in this Article shall be construed or interpreted as requiring Management to temporarily fill a vacancy.
- No employee shall be temporarily deployed to a position more than one rank above that employee's rank.
- Unless I receive a permanent appointment to the higher level position, I shall be returned to my original position at the conclusion of the temporary assignment.
- If I accept a temporary higher level position, but refuse the additional compensation provided for I shall forfeit the right to grieve the compensation loss.

Sworn 56-Day Paygrade Waiver

Employee's Signature

Date Signed

[supervisor must witness employee signature and sign here]

[Supvr's Ser. No.]

Witnessing Supervisor's Signature

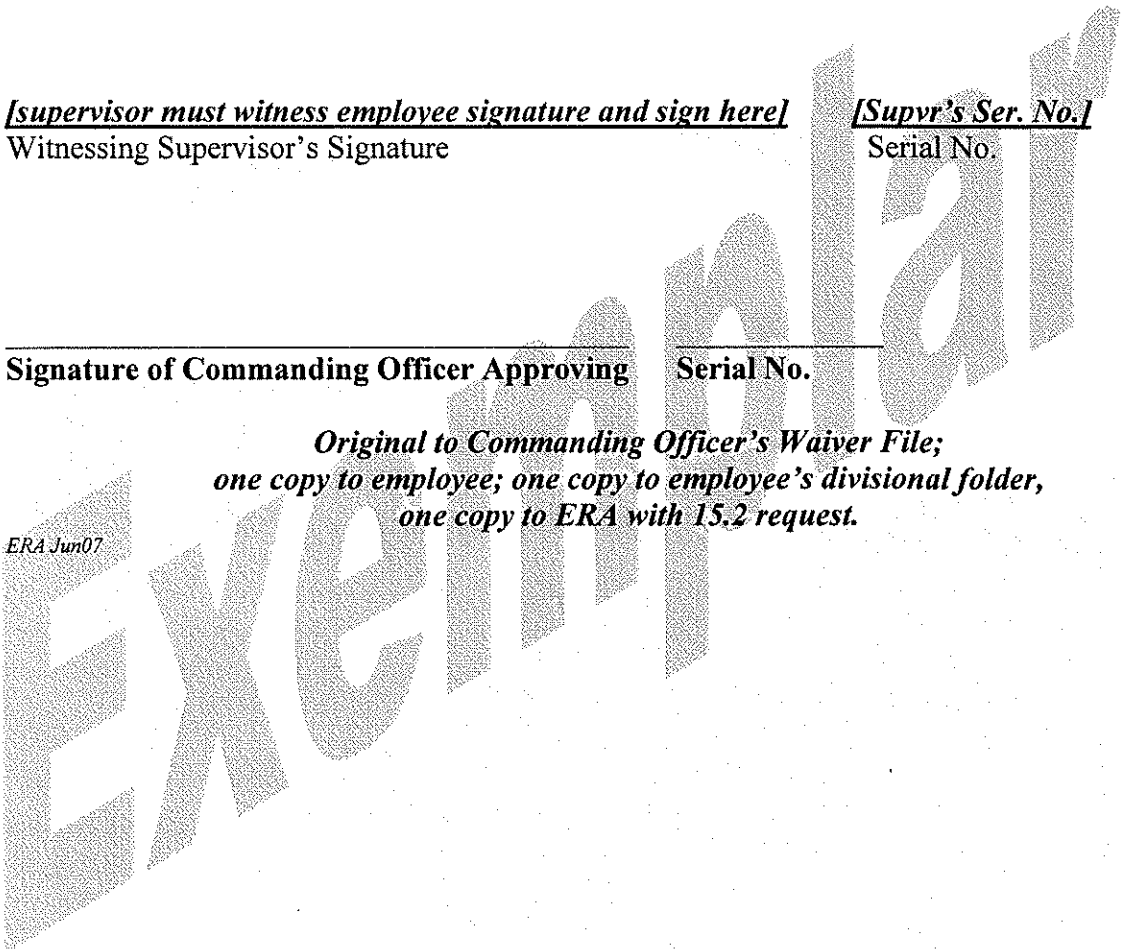
Serial No.

Signature of Commanding Officer Approving

Serial No.

*Original to Commanding Officer's Waiver File;
one copy to employee; one copy to employee's divisional folder,
one copy to ERA with 15.2 request.*

ERA Jun07



EMPLOYEE COMMENT SHEET

Employee:

Serial #:

Division:

Period Covered: From

To:

Note: Employees may provide a written response to any comment within 30 days after reviewing the comment.

Incident Date	Comment	Spvr Comment	Emp Init	Review Spvr & Date
	<p>This is what the employee did or what the supervisor observed:</p> <p>"On January 2, 2015, I observed you leave your shotgun unattended on the roof of your vehicle..."</p> <hr/> <p>(NOTE: This next portion is optional to include in the comment card however this should be discussed with the employee)</p> <p>Identify the employee's thought process: Ask the employee, "What was going through your mind when you decided to..." prior to completing this section.</p> <p>"You indicated to me that you turned your attention away from the shotgun for one-minute while you greeted another officer. You did not feel your actions were negligent."</p> <hr/> <p>Values, rules, & policy discussion on what could happen if this activity continues: Describe the Department values and the employee's role in maintaining them.</p> <p>"Maintaining control of a weapon has a direct impact on your personal safety, the safety of other officers and the public. Failing to maintain control of a weapon could result in injury, death, and litigation."</p> <hr/> <p>What will the employee do differently and why? Allow the employee to identify how to correct the behavior and provide rationale on why it is important.</p> <p>"You indicated to me that in the future, you will not allow your attention to become diverted from maintaining physical control your weapon, even for a moment. You also articulated an understanding that failing to control your weapon could result in its loss or injury."</p> <p>You may also identify future expectations.</p> <p>"In the future, I expect you to maintain physical control of your weapons at all times."</p>			

INTRADEPARTMENTAL CORRESPONDENCE

Date
Reference No.

TO: Director, Office of Administrative Services

FROM: Commanding Officer, _____ Area/Division

SUBJECT: REQUEST FOR DOWNGRADE AND ADMINISTRATIVE TRANSFER OF _____, SERIAL NO. _____, _____ AREA/DIVISION

It is requested that (employee name, rank, SN) be downgraded from his/her position as a _____ . The employee received the advanced paygrade/bonus position on (date), therefore, this request is submitted pursuant to (select one: the Department's former rules for employees who received their advanced paygrade or bonus positions before October 30, 2009. - OR - Department Manual Section 3/763.55 for employees who received their advanced paygrade or bonus positions on or after October 30, 2009.) This downgrade is requested because of (Articulate reasons for downgrade – must clearly demonstrate a failure or inability to satisfactorily perform the duties of the position. Be specific.).

In addition, it is further requested due to the reasons set forth above that (employee name, rank) be administratively transferred from _____ Area/Division in accordance with Department Manual Section 3/762.35. I met (employee name, rank) and he/she (agreed/disagreed) with the administrative transfer.

I advised Officer _____ on (date) on his/her right to provide a written response to the proposed personnel action within 30 days. No response was received – OR – His/her written response is attached. If this administrative transfer request is approved, (employee name) requests consideration for administrative transfer to one of the following commands in the order listed:

1. _____
2. _____
3. _____

<p>NOTE: The choice of assignment should include two different bureaus. Only employees reassigned from a specialized command may include <u>one</u> specialized command in their choices.</p>
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This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2010. If you have any questions, please contact me at (XXX) XXX-XXXX.

Division Signature Block, Captain
Commanding Officer

Director, Office of Support Services

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Ref #

_____ Area/Division

APPROVED:

APPROVED:

Bureau Signature Block, Deputy Chief
Commanding Officer
Operations-_____ Bureau

SANDY JO MacARTHUR, Assistant Chief
Director, Office of Administrative Services

Attachments

- Original Signed Request Acknowledgement Form
- Performance Evaluation Report (Form 1.78)
- Request for Transfer and/or Change in Paygrade (Form 1.40)
- Employee's Written Response (if applicable)

**ADMINISTRATIVE TRANSFER & REASSIGNMENT TO A LOWER
PAYGRADE REQUEST ACKNOWLEDGEMENT**

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

EXEMPLAR