

CM eRRR# 91 7199 9991 7035 5101 5096

August 8, 2016

Kenneth Marcucio, Chairman
Derby Board of Education
35 Fifth Street
Derby, CT 06418

RE: Derby School Custodians
Local 1303-239, Council 4, AFSCME, AFL-CIO
David Wrigley, Sr.

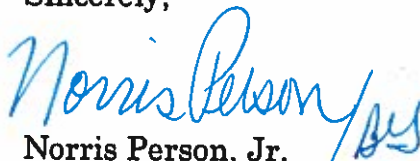
Dear Mr. Marcucio:

In accordance with the union contract, the enclosed grievance is being submitted to the Board of Education.

Please schedule a hearing and let me know the date and time.

Thank you.

Sincerely,


Norris Person, Jr.
Staff Representative

xc Vincent Garofalo, Local 1303-239 President

Sal Luciano
Executive Director
Local 2663
State of CT - DCF
Clarke King
President
Local 1716
City of Hartford
Anna Montalvo
Secretary
Local 1522
City of Bridgeport
Vice-Presidents
Robert Augusta
Local 318
State of CT - Administrative/Clerical
Jody Barr
Local 2836
State University Administrators
Jay Bartolomei
Local 714
State of CT - Social Services
Debra Battiste
Local 538
State of CT - Administrative Clerical
Bernie Bombardier
Local 1933
Town of East Hartford
Stacie Byrdsong
Local 1303
CT Municipals
Dave Caron
Local 391
State of CT - Corrections
Joseph Cirigliano
Local 2930
Town of Newington
Sandy DeCampos
Local 991
Town of Manchester
Anthony Gochee
Local 3713
MDC
Aldo Codenzi
Local 184
MDC
Thomas Ledoux
AFSCME Retiree Chapter 4
Sotonye Otunba-Payne
Local 749
State of CT - Judicial
Derek Puorro
Local 1361
Municipal Law Enforcement Officers
Richard Rivera
Local 1161
City of Hartford
Marsha Tulloch
Local 269
State of CT - Department of Labor
Claudine Wilkins-Chambers
Local 3429
New Haven Paraprofessionals





OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE David Wrigley Sr DEPARTMENT Board of Ed
 CLASSIFICATION Lead Custodian
 WORK LOCATION Derby Middle IMMEDIATE SUPERVISOR Dave Ardane
 TITLE Facility Manager

STATEMENT OF GRIEVANCE:

List applicable violation: I was on workman's Comp and when I returned I still had one week of vacation. I was told since I didn't take it before July 1st I lost it.

Adjustment required: I want my week vacation or one week of pay.

I authorize the A.F.S.C.M.E. Local _____ as my representative to act for me in the disposition of this grievance

Date 7-13-16 Signature of Employee David Wrigley Sr

Signature of Union Representative _____ Title _____

Date Presented to Management Representative _____

Signature _____ Title _____

Disposition of Grievance: DENIED. The contract does not grant the right to roll over vacation time nor pay an employee for unused time.

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO _____

COPY _____

COPY: LOCAL UNION GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.

GRIEVANCE FORM (SIDE TWO)

CONNECTICUT COUNCIL #4, AFSCME, AFL-CIO

UNION LOCAL _____

ANSWER AT STEP 2

(Signature of Respondent) (Meeting Date) (Response Date)

_____ I accept this settlement of the grievance.

_____ I appeal decision and request review at next step.

(Signature of Employee) (Signature of Representative)

Date filed at next Step: _____

ANSWER AT STEP 3

(Signature of Respondent) (Meeting Date) (Response Date)

_____ I accept this settlement of the grievance.

_____ I appeal decision and request review at next step.

(Signature of Employee) (Signature of Representative)

ARBITRATION *

The Local Union hereby authorizes this grievance to be submitted for arbitration.

President

Date

* If arbitration is before the Connecticut State Board of Mediation and Arbitration, please attach check or voucher in the amount of twenty-five dollars (\$25) for the filing fee.



DERBY PUBLIC SCHOOLS

35 Fifth Street
Derby, Connecticut 06418


(203) 736-5027 • fax (203) 736-5031 • www.derbyps.org

Dr. Matthew J. Conway, Jr.
Superintendent of Schools

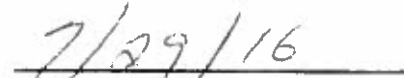
July 29, 2016

My signature below certifies that I have received a copy of my grievance regarding unused vacation days.

Signatures:




David Wrigley, Grievant
Custodial Union




Date

Witness:



Dina Gotowala
Executive Administrative Assistant



Date