

# STATE PERSONNEL MANAGEMENT SYSTEM APPEAL AND GRIEVANCE FORM

*(Attach copies of any earlier agency decisions. If appealing a disciplinary action, the notice of discipline must be attached.)*

<b>EMPLOYEE'S NAME:</b> Miriam Doyle	
<b>EMPLOYING AGENCY:</b> MDH	<b>DIV. or UNIT:</b> Clifton T. Perkins Hospital
<b>EMPLOYEE'S CLASSIFICATION:</b> Social Worker I, Health Services	
<b>HOME ADDRESS:</b>	<b>HOME PHONE #:</b>
	<b>WORK PHONE #:</b>
<b>Issue of employee's grievance or reason given by agency for taking disciplinary action (attach additional pages as necessary):</b> See attached sheet.	
<b>Date grievance or discipline was discussed with appointing authority:</b> 3/23/20	
<b>State the issues of fact and law, to the extent possible, that support the employee's action (attach additional pages as necessary):</b> See attached sheet	
<b>Employee's Requested Remedy:</b> See attached sheet	
<b>EMPLOYEE REPRESENTED BY:</b> Joe Cox	
<b>Address:</b> 190 W. Ostend Street., Baltimore, MD 21230	
<b>Phone Number:</b> 410.547.1515	

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

**Please Circle Appeal Category:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>10 Termination</li> <li>11 Termination on Probation</li> <li>20 Suspension Without Pay</li> <li>22 Emergency Suspension With Pay</li> <li>30 Grievance (If complaint involves a denied reclass,<br/>give date of last audit:            )</li> </ul> | <ul style="list-style-type: none"> <li>40 Forfeiture of Annual Leave</li> <li>42 Written Reprimand</li> <li>50 Involuntary Demotion</li> <li>60 Denial of Pay Increase</li> <li>80 Retaliation for "Whistleblower" Disclosure</li> </ul> |
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**FAILURE TO FULLY COMPLETE THIS FORM WILL DELAY THE PROCESSING OF THIS APPEAL OR IT MAY RESULT IN ADVERSE ACTION ON THIS APPEAL.**

See reverse side for process to file your appeal

**Issue of the Employees Grievance:** State employees whose duties require them to report to work to continue agency operations during an emergency condition or who are required to report to work during a declared emergency condition are entitled to be credited (i.e. paid) two hours of work time for each hour actually worked. By proclamation issued March 5, 2020, Governor Larry Hogan declared that COVID 19 is a public health catastrophe and public emergency, poses an immediate danger to public safety, and that therefore the State was in a state of emergency and that a catastrophic health emergency exists within the entire state. On March 12, 2020 Governor Hogan issued an executive order noting that COVID-19 easily spreads and therefore elevating the State employment practices under the Pandemic Flu and Other Infections Diseases Attendance and Leave Policy and began to sharply curtailing State employees required to report to worksites. The State then properly credited and paid employees who reported to work or were ordered to report to work. However, on March 21, 2020, DBM announced that the pay would stop as of midnight on the morning of March 23, 2020. As a result, the agencies of the State ceased reporting and having paid the pay to which employees are entitled. The State and its agencies did so despite the worsening pandemic in Maryland and in State Government and despite non-essential businesses being ordered and remaining closed, along with a stay-at-home order (beginning March 30, 2020). The State did so despite that State employees reporting to work remain exposed to harm and unsafe conditions that threaten their lives.

**Issues of Fact and Law:** AFSCME MOU Art 10, Sec. 5, the Procedure for the Release of State Employees Under Emergency Conditions (1999), DBM's Pandemic Flu Attendance and Leave Policy, other facts and laws will be developed through the grievance procedure.

**Remedy:** Credit the employee with two hours of work time for each hour actually worked during the closure, from the period where the premium pay stopped on March 23, continuing until the State of Emergency is reduced and reporting to work does not expose employees to harm and unsafe conditions that threaten their lives.

## Grievance Consolidation Addendum

**NOTICE:** By signing this page and providing the required information you will be considered to have filed the attached Grievance, and will be bound by the issues and requested remedy provided in the attached Appeal and Grievance Form. You also agree that the employee(s) named on the Appeal and Grievance Form will be representative of the group and will represent you and the group in any conferences and hearings related to the grievance, including any settlement or like effort to resolve the grievance, and that you have chosen to be represented by AFSCME Council 3 and any affiliated Local (“AFSCME”), as the representative listed in the "Employee Represented by" space on the attached Appeal and Grievance form. You agree and consent to have AFSCME consolidate or divide the grievance in any further or additional manner at any time as it may, in its judgment, deem prudent or necessary.

<div style="display: flex; justify-content: space-between;"> <span style="width: 45%;"><i>Employee's Signature</i></span> <span style="width: 45%;"><i>Date</i></span> </div>	Worksite: _____  Dept (if different): _____
<i>Print Name</i>	<i>Home Mailing Address</i>

<div style="display: flex; justify-content: space-between;"> <span style="width: 45%;"><i>Employee's Signature</i></span> <span style="width: 45%;"><i>Date</i></span> </div>	Worksite: _____  Dept (if different): _____
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