



GRIEVANCE FORM

EMPLOYEE'S NAME Bryan Badders	DATE 3/23/20	DAYTIME PHONE NUMBER: (410) 388-2801
CLASSIFICATION Skilled Trade Specialist III	ADMINISTRATION (CHECK ONE) MAA <input type="checkbox"/> MdTA <input type="checkbox"/> MPA <input type="checkbox"/> MTA <input type="checkbox"/> MVA <input type="checkbox"/> SHA <input type="checkbox"/> TSO <input type="checkbox"/>	
UNIT/DIVISION/SECTION Dundalk Marine Terminal	EMPLOYEE REPRESENTATIVE (IF ANY) & PHONE NUMBER Joe Cox, 410-736-8975	

Grievance: See Attached page

Specify the law, regulation, or policy misinterpreted: See attached page

What is the requested remedy of your grievance? See Attached Page

Was grievance discussed with immediate supervisor? yes no If yes give date: / /

Name of supervisor: _____ Supervisor's Phone Number: () - _____

Employee's Signature: _____ Date Signed: _____

The TSHRS grievance procedure consists of the following steps:

Step One: The employee may initiate a grievance appeal in writing to the employee's Appointing Authority within thirty (30) days of the alleged cause of complaint or knowledge of the complaint. The Appointing Authority or a designated representative shall hear the grievance within ten (10) days of receipt of the grievance appeal or on a mutually agreed upon date. The Appointing Authority or a designated representative shall render a written decision within twenty (20) days of the grievance conference.

Step Two: If not satisfied with the decision rendered by the Appointing Authority, the employee may appeal the decision to the Secretary or a designated representative within ten (10) days of receipt of the Step One decision. Second Step appeals shall be mailed to:

Manager, Employer/Employee Relations
Maryland Department of Transportation
P.O. Box 548, 7201 Corporate Center Drive
Hanover, Maryland 21076

The Secretary or a designated representative shall hear the grievance appeal within fifteen (15) days of receipt of the appeal or on a mutually acceptable date. The Secretary or a designated representative shall render a written decision within forty (40) days of hearing the grievance appeal.

Step Three: If not satisfied with the decision, the employee may appeal to Step Three within fifteen (15) days after receipt of the Step Two written decision. Appeals to Step Three shall be sent to:

Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Hunt Valley, Maryland 21031

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;"> <i>Employee's Signature</i> <i>Date</i> </div>	Worksite: _____ Dept (if different): _____
<i>Print Name</i>	<i>Home Mailing Address</i>

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

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