

**ARTICLE 16.05
SENIORITY CREDIT DISCREPANCY FORM**

APPLICATION – to be filled out by union employee and returned to management human resources.

EMPLOYEE NAME: _____ DATE: _____

EMPLOYEE ID: _____ PHONE NUMBER: _____

HIRE DATE: _____ CURRENT AGENCY: _____

ISSUE: _____

RESOLUTION – to be filled out by management employee within two weeks of date of receipt.

AGENCY PERSON MAKING DECISION: _____ DATE: _____

RESOLUTION RATIONALE: _____

AGREE/DISAGREE – to be filled out and mailed by union employee if he/she disagrees with decision above. To be mailed by management employee if union member agrees with decision above. By September 1, 2009, this form should be mailed to:

Seniority Tribunal – OCSEA, 390 Worthington Rd # A, Westerville, OH 43082

DATE: _____ RATIONALE: _____

TRIBUNAL – to be filled out by tribunal members.

DATE RECEIVED: _____ DATE COMPLETED: _____

DECISION: _____
