

GRIEVANCE PROCEDURE AND FORM

<p>This form shall be utilized to document any claimed violation or inequitable application of the City's Personnel Rules and Regulations and/or any ratified collective bargaining agreement(s) in existence. The grievance procedure shall not be used to appeal or contest a dismissal or discharge (after the Disciplinary Action action of the City's Personnel Rules and Regulations). The City maintains a separate policy to appeal dismissals.</p>	<p>Every employee shall have the right to present his/her grievance free from interference, coercion, restraint, discrimination or reprisal. All grievances must be in writing and signed by the grievant.</p>	<p>These frames outlined in the City's Personnel Rules and Regulations or collective bargaining agreement shall be observed, unless other arrangements are mutually agreed upon in writing. If you have any questions regarding the completion of this form, please contact a representative of the Administrative Services Department for further clarification.</p> <p>In order to help in the resolution of your grievance, please supply the following information completely and honestly. Use additional sheets of paper if necessary. Provide copies of documents that will assist in the resolution of the grievance.</p>
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Print Employee Name _____ Department _____ Date _____

Nature of Grievance:

Violation of the City's Personnel Rules and Regulations

Specific Section(s): _____

Violation of the collective bargaining agreement

Specific Article(s): _____

Please give detailed explanation of your grievance:

WHO is involved in the grievance? Please give name(s), title(s), and department(s) of those involved or who witnessed the incident(s) (Designate who is a witness.):

WHAT happened? Please explain in detail, without giving your opinion.

WHEN did the situation occur? Please give exact date and time.

WHERE did the incident take place? Please state exact location (department or area).

WHY do you feel this is a violation of the terms and conditions of your employment?

HOW can this situation be resolved; what adjustment do you feel will be satisfactory?

Administrative Services (white)	Department Head (yellow)	City Manager (pink)	Employee (gold/red)
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Employee Signature



APPLICATION FOR POSTED JOB
(For Current City Employees Only)

NAME _____ DATE _____

CURRENT POSITION & DEPARTMENT _____

YEARS WITH THE CITY _____ YEARS ON PRESENT JOB _____

SUPERVISOR _____ VETERAN'S PREFERENCE USED _____

I hereby make application for the posted position of:

Reason for wishing to transfer:

Qualifications for new position:

I may be contacted at: _____
Telephone no. or Extension

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

STATEMENT OF APPLICANT:- I certify that all answers are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application.

The City is committed to a Drug-Free Workplace Program, and all applicants selected for safety-sensitive and other positions will be required to submit to screening for illegal drug use prior to appointment.

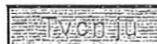
Pursuant to the City's Personnel Rules and Regulations, Department Heads have the right to select whoever they feel is the most suitable candidate for the position.

Completion and submission of this form does not guarantee you will be called for an interview for the position for which you are applying.

Applications must be turned in to Human Resources by 5:00 p.m. on the closing date of the posting to be considered.

In accordance with The Americans with Disabilities Act of 1990, if you need any assistive device or special accommodation to compete for, or, if selected, please inform Human Resources.

Signed: (Type 4821 to sign) _____ Date: _____



**CITY OF PORT ST. LUCIE
PROPOSED BUDGET - MEDICAL INSURANCE FUND #605 - REBATE CALCULATION
FY 2013-14**

	A	B	C	D	E	F	G	H	I	J	K	L
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	BC/BS ratios of total cost (Recommended)	Savings allocated by tier of coverage	Current # of Employee Contracts	Avg. Total Savings per Participant per Tier	Employee ratio	Employee Savings Annual	EMPLOYEE REBATE	Employer ratio	Employer Savings Annual
9	10.9%	\$ 64,927	227	\$ 286	8%	\$ 123		92%	\$ 263
10	20.9%	\$ 124,492	150	\$ 830	14.0%	\$ 116		86.0%	\$ 714
11	10.0%	\$ 59,566	106	\$ 562	14.0%	\$ 79		86.0%	\$ 483
12	58.2%	\$ 346,672	353	\$ 982	14.0%	\$ 137		86.0%	\$ 845
Total	100.0%	\$ 595,657	836						

16 FY 2013-14 total budgeted costs = \$14,891,425. (See calculation below.)

17 As an example, if a 4% level of savings was achieved, the savings is \$595,657. (To be inserted in cell C13.)

20 Savings is calculated by comparing Total Budgeted Expenditures with actual expenses for the end of the year financial statements.

DETERMINATION OF TOTAL BUDGETED EXPENDITURES:

(Using page 141 of the FY 2013-14 Proposed Budget)

Total Costs - FY 2013-14	\$ 17,636,690
Less:	
IBNR Reserve	500,000
Add'l Contingency - Future Years	273,549
Financial Contingency (60 day)	1,970,716
Original Budgeted Expenses	<u>\$ 14,891,425</u>

GOVERNMENT SUPERVISORS
ASSOCIATION
OF FLORIDA
OPEIU LOCAL 100, AFL-CIO

3600 Red Road • Suite 405 • Miramar, Florida 3302
(954) 920-0046 • Fax: (954) 920-0725
(305) 477-9644 • Fax: (305) 599-9675
Website: gsaflocal100.org • e-mail: gsaf@bellsouth.net

MEMBERSHIP APPLICATION

Please complete the following information
Please print

NAME _____

SOCIAL SECURITY NUMBER OR EMPLOYEE ID _____

DEPARTMENT _____

JOB TITLE _____

WORK ADDRESS (Please include building, site, office no.) _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS (Please include apartment, etc.) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BEEPER/MOBILE PHONE () _____

WORK PHONE () _____ PERSONAL E-MAIL _____

SIGNATURE _____



continued on back

I hereby authorize my employer, City of Port St. Lucie to deduct from my wages each pay period the current Government Supervisors Association dues and transmit this amount to the Treasurer of the Association.

Signed _____

Date _____

RECRUITED BY _____
PRINT NAME _____



AUTHORIZATION FOR PAYROLL DEDUCTION

