	2023-000	
Case No.	2020	

GRIEVANCE SUBMITTAL - N	MEMBER/EMPLOYEE	Land Control of the	¥i
This form is mandatory to file gr	ievances to the Association Grievan	ce Committee.	
A. MEMBER/EMPLOYEE INFO	DRMATION.		
Victor (sutreriez	4319 Montsellat ct	City, State, Zip Code	756-220-0640 Phone No.
Deputy	PATROL	10 pm. Garn	
to include the date, time, and plainformation/supplement sheet. I have not been paid accord	ace, along with the names of individ	sed this grievance and the facts on which uals involved. If more space is needed us I should have progressed in depu- ie county Auditors office is the one	e additional ty pay scale.due to my
	t that were violated. If more space is NCE OF STANDARDS"	「BELIEVED TO BE VIOLATED. Identify s needed use additional information∕sup	
Pay should be adjusted to retroactive pay for regular a	correct pay grade on pay scale	use additional information/supplement estated in bargaining agreement. any other financial benefits that w	Furthermore, I request
X Dele Cather			(o-9-23
Grievant Signature		_	Date
E &			1 12 23
Association President / Association	riation Decignee	_	Date Received
OI 1	ciución designee		Date Received
Association Grievance Comm	Oba nittee	_	$\frac{(e-12-23)}{\text{Date}}$
Sheriff / Sheriff Designee (for	r Step 2)	_	Date Received
Webb County Judge / County	/ Judge's Designee (for Step 3)	_	Date Received

GRIEVANCE SUBMITTAL - MEMBER/EMPLOYEE	
This form is mandatory to file grievances to the Associati	on Grievance Committee.
A. MEMBER/EMPLOYEE INFORMATION.	
Efren Fracia 11119 hir by (Grievant Name Address	12. APT913 Laredo, 7178045 956-319-2424 City, State, Zip Code Phone No. Cam-20 m Shift
Deputy Potral	Cam-20m
Title Division	Shift
to include the date, time, and place, along with the name information/supplement sheet. I have not been paid according to Association paid according to Ass	that caused this grievance and the facts on which it is based. Make sure is of individuals involved. If more space is needed use additional and scale. I should have progressed in deputy pay scale. due to my me that the county Auditors office is the one not wanting to pay me
Collective Bargaining Agreement that were violated. If m ARTICLE X "MAINTENANCE OF STANDARD	GREEMENT BELIEVED TO BE VIOLATED. Identify specific section(s) of the ore space is needed use additional information/supplement sheet.
APPENDIX E "WAGE TABLE"	
Pay should be adjusted to correct pay grade on	e is needed use additional information/supplement sheet. pay scale stated in bargaining agreement. Furthermore, I request long with any other financial benefits that would have been afforded condingly.
Grievant Signature	<u>(o.9.2023</u> Date
1 6	
Association President / Association Designee	6-12-23
^	Date Received
Claudia Condolos	6-12-23
Association Grievance Committee	Date
Sheriff / Sheriff Designee (for Step 2)	Date Received
Webb County Judge / County Judge's Designee (for	Step 3) Date Received

c	2023-	0003	
Case No.			

GRIEVANCE SUBMITTAL - MI	EMBER/EMPLOYEE		
This form is mandatory to file grie	vances to the Association Grievance C	ommittee.	
A. MEMBER/EMPLOYEE INFOR	MATION. Apt 14		
Lvis A. Machian	MATION. Apt 18 6820 Sprinfield Ave	Cavedo TX 78041 City, State, Zip Code	(956)740-56/f Phone No.
Depoty Title	Mental /fex 16	Ban - 5-pm shift	
to include the date, time, and place information/supplement sheet. I have not been paid according	rate in detail the incident that caused be, along with the names of individuals and to Association pay scale. I she division stated to me that the contract of	involved. If more space is needed	use additional puty pay scale.due to my
	TIVE BARGAINING AGREEMENT BE		
ARTICLE X "MAINTENAN APPENDIX E "WAGE TAB			
Pay should be adjusted to corretroactive pay for regular an	SOUGHT. If more space is needed use orrect pay grade on pay scale stand or overtime salary along with any indicand classified accordingly.	ated in bargaining agreemen	t. Furthermore, I request
111			06/09/23
Grievant Signature			Date
E. P.			1-112/73
Association President / Associa	tion Designee		Date Received
Claudia Chambre	,		10-12-23
Association Grievance Commit	tee		Date
Sheriff / Sheriff Designee (for S	tep 2)		Date Received
Webb County Judge / County J	udge's Designee (for Step 3)		Date Received

	2023-	0004	
Case No.		1	

GRIEVANCE SUBMITTAL - MEMBER/EMPLOYEE	Transfer to the second
This form is mandatory to file grievances to the Association Grievan	ce Committee.
A. MEMBER/EMPLOYEE INFORMATION.	
Victor M. Solines 200 Ocean Mr Grievant Name Address	Lavedo TX, 780B (956) 301- Accobo City, State, Zip Code Phone No.
Depty Sheviff Cart Police	Sen Jyn Shift
B. INCIDENT INFORMATION. State in detail the incident that cau to include the date, time, and place, along with the names of individinformation/supplement sheet. I have not been paid according to Association pay scale. years of service. The finance division stated to me that the accordingly.	
C. SECTION(S) OF THE COLLECTIVE BARGAINING AGREEMEN Collective Bargaining Agreement that were violated. If more space ARTICLE X "MAINTENANCE OF STANDARDS" APPENDIX E "WAGE TABLE"	
D. REMEDY OR ADJUSTMENT SOUGHT. If more space is needed Pay should be adjusted to correct pay grade on pay scal retroactive pay for regular and overtime salary along with to me should i have been paid and classified accordingly	e stated in bargaining agreement. Furthermore, I request any other financial benefits that would have been afforded
Grievant Signature Emgona Association President / Association Designee	Date 6/12/23 Date Received
Cource Condoby Association Grievance Committee	
Sheriff / Sheriff Designee (for Step 2)	Date Received
Webb County Judge / County Judge's Designee (for Step 3)	Date Received

Case No. 2023- 000 S

DEPUTY SHERIFF'S ASSOCIATION/WEBB COUNTY

GRIEVANCE SUBMITTAL – M	EMBER/EMPLOYEE h		
This form is mandatory to file grie	vances to the Association Grievance C	Committee.	
A. MEMBER/EMPLOYEE INFO			Condition and
Luis Kedniquez	1705 Piedra China	LAPECO TX. 78043	(956)489-3038
O O O Grievant Name	Address	City, State, Zip Code SAM - 5pm	Phone No.
C.O. /Chaplain	Division	8AM - 5PM	
to include the date, time, and placinformation/supplement sheet. I have not been paid out my	tate in detail the incident that caused ce, along with the names of individuals annual leave buy back. I filled e Finance division stated to me th	s involved. If more space is needed u	se additional
	TIVE BARGAINING AGREEMENT BE that were violated. If more space is ne		
APPENDIX C-2 ANNUAL	LEAVE BUY BACK APPLICAT	ION	
	SOUGHT. If more space is needed use leave buy back amount that is a		
Grievant Signature	hierre		6-12-2023 Date
Association President / Association	ation Designee		6-12-73 Date Received
Concuston Grievance Commit			0-12-23 Date
Sheriff / Sheriff Designee (for s	Step 2)		Date Received
Webb County Judge / County	Judge's Designee (for Step 3)		Date Received

Case No.	2023-	0006	
case i.o.			

GRIEVANCE SUBMITTAL-	MEMBER/EMPLOYEE n			1.0
This form is mandatory to file g	rievances to the Association Grievance C	Committee.		
A. MEMBER/EMPLOYEE INF	ORMATION.			
José Gabriel (son	ince 810 Widener LA	Lared	Telas	(956) 324-1751
Grievant Name	Address	Laredo City, Sta	ate, Zip Code	Phone No.
0/0	Jail	8-	5	
Title	Division		Shift	_
to include the date, time, and p information/supplement sheet. I have not been paid out m	I. State in detail the incident that caused place, along with the names of individuals and annual leave buy back. I filled eat. Finance division stated to me the	s involved. If mo	re space is need	ded use additional
C. SECTION(S) OF THE COLLI Collective Bargaining Agreeme	ECTIVE BARGAINING AGREEMENT BE nt that were violated. If more space is ne	ELIEVED TO BE	VIOLATED. Id	entify specific section(s) of the n/supplement sheet.
APPENDIX C-2 ANNU	AL LEAVE BUY BACK APPLICAT	ION		
3				
D. REMEDY OR ADJUSTMEN I want to be paid my annu-	IT SOUGHT. If more space is needed use all leave buy back amount that is af	additional info	rmation/supple	ment sheet.
	s. reare buy buok amount that is an	norded to my	by contract.	THAIR YOU
X Jose Sahaif	squere fr			6/13/23
Grievant Signature				Date
El marcia				1/10/20
Association President / Asso	ciation Designee			0/11/13
V	olderen besignee			Date Received
Mancha Cord	06			10-12-23
Association Grievance Comp	nittee '			Date
Sheriff / Sheriff Designee (fa	r Step 2)			Date Received
Webb County Judge / Count	y Judge's Designee (for Step 3)			Date Received