

DEPUTY SHERIFF'S ASSOCIATION/WEBB COUNTY Collective Bargaining Agreement Grievance Form

GRIEVANCE SUBMITTAL - MEMBER/EMPLOYEE

This form is mandatory to file grievances to the Association Grievance Committee.

A. MEMBER/EMPLOYEE INFORMATION.

<u>Victor Gutierrez</u> <small>Grievant Name</small>	<u>4319 montserrat ct</u> <small>Address</small>	<u>Laredo TX 78046</u> <small>City, State, Zip Code</small>	<u>956-220-0640</u> <small>Phone No.</small>
<u>Deputy</u> <small>Title</small>	<u>PATROL</u> <small>Division</small>	<u>10pm-6am</u> <small>Shift</small>	

B. INCIDENT INFORMATION. State in detail the incident that caused this grievance and the facts on which it is based. Make sure to include the date, time, and place, along with the names of individuals involved. If more space is needed use additional information/supplement sheet.

I have not been paid according to Association pay scale. I should have progressed in deputy pay scale due to my years of service. The finance division stated to me that the county Auditors office is the one not wanting to pay me accordingly.

C. SECTION(S) OF THE COLLECTIVE BARGAINING AGREEMENT BELIEVED TO BE VIOLATED. Identify specific section(s) of the Collective Bargaining Agreement that were violated. If more space is needed use additional information/supplement sheet.

ARTICLE X "MAINTENANCE OF STANDARDS"
APPENDIX E "WAGE TABLE"

D. REMEDY OR ADJUSTMENT SOUGHT. If more space is needed use additional information/supplement sheet.

Pay should be adjusted to correct pay grade on pay scale stated in bargaining agreement. Furthermore, I request retroactive pay for regular and overtime salary along with any other financial benefits that would have been afforded to me should I have been paid and classified accordingly.

X Victor Gutierrez
Grievant Signature

6-9-23
Date

E. Longoria
Association President / Association Designee

6-12-23
Date Received

Claudia Cordoba
Association Grievance Committee

6-12-23
Date

Sheriff / Sheriff Designee (for Step 2)

Date Received

Webb County Judge / County Judge's Designee (for Step 3)

Date Received

DEPUTY SHERIFF'S ASSOCIATION/WEBB COUNTY Collective Bargaining Agreement Grievance Form

GRIEVANCE SUBMITTAL - MEMBER/EMPLOYEE

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A. MEMBER/EMPLOYEE INFORMATION.

<u>Efren Avacia</u> <small>Grievant Name</small>	<u>11119 Kirby DR. Apt 9B</u> <small>Address</small>	<u>Laredo, TX 78045</u> <small>City, State, Zip Code</small>	<u>956-319-2424</u> <small>Phone No.</small>
<u>Deputy</u> <small>Title</small>	<u>Patrol</u> <small>Division</small>	<u>6am-2pm</u> <small>Shift</small>	

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[Signature]
Grievant Signature

6-9-2023
Date

E Longoria
Association President / Association Designee

6-12-23
Date Received

Clayton Cordoba
Association Grievance Committee

6-12-23
Date

Sheriff / Sheriff Designee (for Step 2)

Date Received

Webb County Judge / County Judge's Designee (for Step 3)

Date Received

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GRIEVANCE SUBMITTAL – MEMBER/EMPLOYEE

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A. MEMBER/EMPLOYEE INFORMATION.

Luis A. Madson 6820 Springfield Ave Laredo TX 78041 (956) 740-5618
Grievant Name Address City, State, Zip Code Phone No.

Deputy Mental Health Even - 5pm
Title Division Shift

B. INCIDENT INFORMATION. State in detail the incident that caused this grievance and the facts on which it is based. Make sure to include the date, time, and place, along with the names of individuals involved. If more space is needed use additional information/supplement sheet.

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[Signature]
Grievant Signature

06/09/23
Date

[Signature]
Association President / Association Designee

6/12/23
Date Received

Claudia Brindley
Association Grievance Committee

6-12-23
Date

Sheriff / Sheriff Designee (for Step 2)

Date Received

Webb County Judge / County Judge's Designee (for Step 3)

Date Received

DEPUTY SHERIFF'S ASSOCIATION/WEBB COUNTY Collective Bargaining Agreement Grievance Form

GRIEVANCE SUBMITTAL – MEMBER/EMPLOYEE

This form is mandatory to file grievances to the Association Grievance Committee.

A. MEMBER/EMPLOYEE INFORMATION.

<u>Victor M. Solinas</u> <small>Grievant Name</small>	<u>210 Ocean Dr</u> <small>Address</small>	<u>Laredo TX, 78043</u> <small>City, State, Zip Code</small>	<u>(556) 301-4008</u> <small>Phone No.</small>
<u>Deputy Sheriff</u> <small>Title</small>	<u>Court Police</u> <small>Division</small>	<u>8m Jm</u> <small>Shift</small>	

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Victor M. Solinas
Grievant Signature

6-9-23
Date

E Longoria
Association President / Association Designee

6/12/23
Date Received

Marcia Cordoba
Association Grievance Committee

6-12-23
Date

Sheriff / Sheriff Designee (for Step 2)

Date Received

Webb County Judge / County Judge's Designee (for Step 3)

Date Received

DEPUTY SHERIFF'S ASSOCIATION/WEBB COUNTY Collective Bargaining Agreement Grievance Form

GRIEVANCE SUBMITTAL – MEMBER/EMPLOYEE

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A. MEMBER/EMPLOYEE INFORMATION.

<u>Luis Rodriguez</u> <small>Grievant Name</small>	<u>1705 Piedra Blanca</u> <small>Address</small>	<u>Laredo, TX. 78043</u> <small>City, State, Zip Code</small>	<u>(956)489-3038</u> <small>Phone No.</small>
<u>C.O. / CHAPLAIN</u> <small>Title</small>	<u>JAIL</u> <small>Division</small>	<u>8AM - 5pm</u> <small>Shift</small>	

B. INCIDENT INFORMATION. State in detail the incident that caused this grievance and the facts on which it is based. Make sure to include the date, time, and place, along with the names of individuals involved. If more space is needed use additional information/supplement sheet.

I have not been paid out my annual leave buy back. I filled everything out accordingly pursuant to our contract but have not received a payout. Finance division stated to me that auditors office denied the payout.

C. SECTION(S) OF THE COLLECTIVE BARGAINING AGREEMENT BELIEVED TO BE VIOLATED. Identify specific section(s) of the Collective Bargaining Agreement that were violated. If more space is needed use additional information/supplement sheet.

APPENDIX C-2 ANNUAL LEAVE BUY BACK APPLICATION

D. REMEDY OR ADJUSTMENT SOUGHT. If more space is needed use additional information/supplement sheet.

I want to be paid my annual leave buy back amount that is afforded to my by contract. Thank you

Luis Rodriguez
Grievant Signature

6-12-2023
Date

E Longoria
Association President / Association Designee

6-12-23
Date Received

Manuela Cervantes
Association Grievance Committee

6-12-23
Date

Sheriff / Sheriff Designee (for Step 2)

Date Received

Webb County Judge / County Judge's Designee (for Step 3)

Date Received

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A. MEMBER/EMPLOYEE INFORMATION.

<u>Jose Gabriel Esquivel</u> Grievant Name	<u>810 Widener Ln</u> Address	<u>Laredo Texas</u> City, State, Zip Code	<u>(956) 324-1751</u> Phone No.
<u>c/o</u> Title	<u>Jail</u> Division	<u>8-5</u> Shift	

B. INCIDENT INFORMATION. State in detail the incident that caused this grievance and the facts on which it is based. Make sure to include the date, time, and place, along with the names of individuals involved. If more space is needed use additional information/supplement sheet.

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I want to be paid my annual leave buy back amount that is afforded to my by contract. Thank you

X Jose Gabriel Esquivel Jr
Grievant Signature

6/12/23
Date

E Longoria
Association President / Association Designee

6/12/23
Date Received

Mariana Cordoba
Association Grievance Committee

6-12-23
Date

Sheriff / Sheriff Designee (for Step 2)

Date Received

Webb County Judge / County Judge's Designee (for Step 3)

Date Received