

**Procedure Governing Requests For Reconsideration
From Employees Not Represented By
An Exclusive Representative**

The following procedure shall be utilized by an employee of California State University, Fresno who is a member of the Public Employees' Retirement System or the State Teachers' Retirement System and who is not represented by an exclusive representative under the Higher Education Employer-Employee Relations Act (HEERA). It is the policy of California State University, Fresno to encourage discussion and seek resolution of reconsideration requests.

Purpose

To provide a means through which an employee who is not represented by an exclusive representative may request reconsideration of personnel actions taken by his/her employer and to provide for the fair and orderly consideration of such requests.

Scope

This procedure is to be initiated only if and when informal efforts on the part of the employee have been unsuccessful in resolving the problem, which gave rise to the employee's concerns. Access to the procedure is limited to those employees who are not represented by an exclusive representative under the provisions of HEERA, and may only address personnel actions involving promotion, retention, evaluation, assignment, reassignment, or hours of work.

Levels of Review

This procedure provides for two levels of review. (Employees who report directly to the President shall submit requests for reconsideration at the second level only in the manner provided in Paragraph IV hereof.)

First Level

Within thirty (30) calendar days of the decision giving rise to the employee's concern, the employee shall make a written request to his/her immediate supervisor that the decision be reconsidered. The supervisor and employee shall meet to discuss the request. No later than fifteen (15) calendar days following receipt of the request, the supervisor shall provide the employee with a written response to the request. The supervisor shall send a copy of the request and response to the President.

***Requests for Reconsideration from Employees Not Represented
By an Exclusive Bargaining Representative***

California State University, Fresno

April 2002

Policy No. G-56-2

Second Level

If the problem remains unresolved after the first level, within fifteen (15) calendar days after receiving the first level response, the employee may request that the decision be reconsidered at the second level of review. Such a request shall be made in writing to the President and must describe the nature of the request and the reason for disagreement with the first level decision. The President or his/her designee and the employee shall meet to discuss the request. The President or his/her designee shall provide a written decision to the employee no later than thirty (30) calendar days after receipt of the second level request. The decision of the President or his/her designee shall be final and binding.

Review for Employees Who Report Directly to the President

Within thirty (30) calendar days of the decision-giving rise to the concern of the employee in this category, the employee shall make a written request to the President that the decision be reconsidered. The President and the employee shall meet to discuss the request. The President shall provide a written decision to the employee no later than thirty (30) calendar days after receipt of the request. The decision of the President shall be final and binding.

Time Limits

When a stated time period expires on a day, which is not a regular state workday, the time period shall be extended through the close of business on the next regular state workday.

All time periods specified herein may be extended by written agreement between the parties involved.

Proof of Service

The requests for reconsideration and the responses thereto may be delivered personally or deposited in the U.S. mail if mail delivery is used, it shall include a proof of service by mail which shall establish the date of the request or response. If personal delivery is used, the calendar date of delivery shall establish the date of receipt. A form for proof of service is attached hereto.

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Proof Of Service

Directions

A copy of this form shall be appropriately completed and attached to every Request for Reconsideration or response thereto. Use Part 1 and Part 3 for delivery by mail. Use Part 2 and Part 3 for personal delivery.

PART 1: Delivery by U.S. Mail: Proof of Service by Mail

I declare that I am over the age of eighteen (18) years and not a party to the matter under consideration. My address is:

_____.

On _____ I served the attached request or response by
(date)

placing a true copy enclosed in a sealed envelope with postage fully prepaid in the United States mail, addressed as follows:

PART 2: Personal Delivery

I declare that on _____ I personally delivered the
(date)

attached request or response to:

_____ at

(name of recipient)

_____.

(location)

PART 3: Declaration of Service

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on:

_____ at _____, California

(date)

(city)

(type or print name)

(signature)