



GRIEVANCE FORM

STEP

1

2

Instructions for Employee: Complete this form. Retain one (1) copy (goldenrod) and submit two (2) copies to Association and three (3) to the appropriate supervisor.

TO: Keith Hayashi Superintendent State of Hawaii
(Appropriate Supervisor) Position/School/Office (District)

FROM: HSTA Exclusive Representative All Worksites
(Name of Grievant) Position School/Office

In accordance with Article V, Grievance Procedure of the Agreement between the State of Hawaii Board of Education and the Hawaii State Teachers Association, a formal grievance is hereby submitted:

STATEMENT OF GRIEVANCE:

Date alleged violation first became known or date(s) of subsequent alleged violation(s): On or around August 12, 2021.

1. Nature of grievance (Briefly state pertinent facts):
The increase of positive COVID-19 cases and employer's failure to consistently implement health and safety guidelines have created an unsafe working environment for HSTA's members. The Employer has required thousands of staff and students to quarantine which in turn has required employees to engage in telework while on leave, increased their working hours to implement blended instructional delivery (simultaneous instruction), and caused other substantive changes in the working conditions of bargaining unit 05 employees. The employer is violating the collective bargaining agreement by refusing to negotiate the impact of the changing working conditions.
2. Specific term or provision of the Agreement allegedly violated:
Article I - Recognition
Article II - Non-Discrimination
Article VI - Teaching Conditions and Hours
Article VII - Assignments and Transfers
Article VIII - Teacher Performance
Article X - Teacher Protection
Article XII - Leaves
Article XVI - Work Year
Article XVII - 12-Month Teacher Compensation and Sick/Vacation Accumulation
Article XVIII - Multi-Track Year-Round Schools
Article XXIV - Miscellaneous
Article XXV - Maintenance of Benefits
Article XXVII - Entirety Clause



(Signature of Grievant)

9/3/2021

(Date Filed)

(Receiving Party's Initials)

(Date Rec'd)



(Signature of Association Grievance Rep/Assoc. Field Representative, if applicable)

1. WHITE – Employer (District)
2. GREEN – Immediate Supervisor (Principal)
3. BLUE – Employer (Superintendent via OOPS)
4. PINK – Association (Field Representative)
5. CANARY – Association (Central File)
6. GOLDENROD - Grievant

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HAWAII STATE TEACHERS ASSOCIATION
ALL WORKSITES
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3. Complete this section if grievance is filed at Step 2. Specific portion of the prior decision being appealed.
Per Article V. H. Step 2, the grievance involves teachers from more than one school.

REMEDY SOUGHT:

1. Require the Employer to properly consult and meaningfully bargain with the Union prior to the implementation of any directive, policy or mandate, including the Employer's response to COVID-19;
2. Refrain from any and all retaliatory action against the grievants for filing this grievance;
3. Make grievants whole, to include but not limited to, any compensation or leave lost or out of pocket expenses incurred as a result of or related to the Employer's directive, policy or mandate.