



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 (Appropriate Supervisor) Superintendent (Position/School/Office) Hawaii DOE (District)

FROM: HSTA (Name of Grievant) Exclusive Representative (Position) All worksites (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): August 20, 2024

- Nature of grievance (Briefly state pertinent facts):
The employer violated the collective bargaining agreement when it failed to pay bargaining unit 05 employees their proper rate of pay, including any supplemental pay, in a timely manner.
- Specific term or provision of the Agreement allegedly violated:

Article I - Recognition	Article XXIV - Miscellaneous
Article IV - Association Rights	Article XXV - Maintenance of Benefits
Article XIV - Payroll Deductions	Article XXVII - Entirety Clause
Article XX - Salaries	Appendix VI - Supplementary Pay
Exhibit C and CC - Teachers' Annual Rate Salary Schedule	
- Complete this section if grievance is filed at Step 2. Specific portion of the prior decision being appealed.
Per Article V, H this grievance affects teachers from more than one school.

REMEDY SOUGHT:

- Employees will be made whole for lost salary, rights, and benefits, including interest on delayed wages;
- One day of recall pay and one day of paid administrative leave to address financial consequences;
- Reimbursement for all late/missed payment fees and overdraft fees;
- Provide options for processing of missed EUTF and Island Flex deductions through payroll pretax;
- Payment of missed HSTA Dues deduction for each HSTA member of BU05 affected;
- Any other remedy which an Arbitrator should deem appropriate.

Adrienne for Grievants
(Signature of Grievant)

9/12/2024
(Date Filed)

(Receiving Party's Initials)

(Date Rec'd)

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

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