

# INTERNATIONAL UNION OF OPERATING ENGINEERS

Craft-Maintenance Division State of California Unit 12  
Locals 3, 39 & 501, AFL-CIO

April 23, 2018

***Sent via Certified U.S. Mail  
#7017 2400 0000 9260 9678  
And via First Class U.S. Mail***

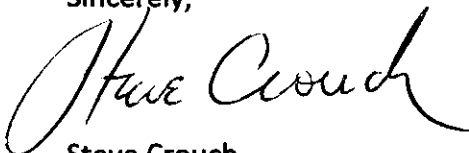
Cathy Powell  
Labor Relations Manager  
California Department of Transportation  
Division of Safety and Management Services  
Office of Labor Relations  
P.O. Box 942874-0001, MS 50  
Sacramento, California 94274-0001

Dear Ms. Powell:

The enclosed grievance is being filed at your level of review. It is the Union's contention that Caltrans is not ensuring that our members are being provided the appropriate Personal Protective Equipment (PPE), necessary training, necessary vaccinations and proper compensation for the dangerous hazmat duties they are performing when cleaning up homeless encampments on State Caltrans property.

If you have any questions about this grievance, we would be happy to meet with you to discuss our concerns.

Sincerely,



Steve Crouch  
Director of Public Employees

**EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT**

STD 630 (Rev. 9/2013)

BARGAINING UNIT NAME Craft and Maintenance Unit 12	BARGAINING UNIT NUMBER (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
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**Please refer to your bargaining unit's contract for specific information regarding employee grievance procedures and time frame requirements.**

GRIEVANT'S NAME International Union of Operating Engineers, Unit 12		HOME TELEPHONE NUMBER (include area code) 916-928-0399	
HOME ADDRESS (Number and Street) 1620 North Market Blvd.,		(City) Sacramento	(State) (Zip Code) California 95834
DEPARTMENT Department of Transportation (Caltrans)	DIVISION OR FACILITY District Maintenance Yards	SECTION, BRANCH, UNIT, ETC.	
POSITION CLASSIFICATION	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER (include area code)	

**REPRESENTATION INFORMATION (Complete if applicable)**

REPRESENTATIVE'S NAME Steve Crouch	ORGANIZATION AFFILIATION International Union of Operating Engineers	TELEPHONE NUMBER (include area code) 916-928-0399
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**GRIEVANCE INFORMATION**

DATE OF ACTION CAUSING GRIEVANCE On Going	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE
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GRIEVANCE DESCRIPTION (Clear, concise statement. Attach additional sheets if necessary.)

Caltrans is placing our Unit 12 members who work and maintain California's highways and freeways in Harm's Way by having them cleanup homeless encampments on Caltrans state property.

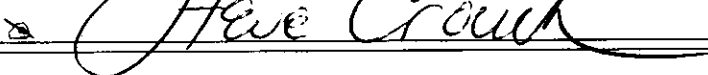
SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

4.1 Health and Safety

SPECIFIC REMEDY SOUGHT

1. That Caltrans establish special hazmat crews of unit 12 Caltrans workers to perform the cleanup.
2. That it is voluntary for unit 12 Caltrans workers to be assigned to the hazmat crews.
3. That Caltrans properly outfit these crews with the necessary Personal Protective Equipment and clothing to perform this work.
4. That Caltrans provides any and all vaccinations necessary for workers who will perform this work.
5. That Caltrans provides any and all necessary hazmat training for workers who will be performing this work.
6. That Caltrans/CalHR provides these workers a special salary pay differential of 10% when assigned to these crews.

GRIEVANT'S SIGNATURE



DATE FILED

4-23-18

(For grievance level reviews I through IV, continue on reverse.)

**EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT**

STD. 630 (Rev. 9/2013) (REVERSE)


**GRIEVANCE REVIEW—LEVEL I**

DATE RECEIVED	LEVEL I REVIEWER (Signature) 	RESPONSE DATE
REVIEWER'S PRINTED NAME AND TITLE		TELEPHONE NUMBER (include area code)


**LEVEL I DECISION**

<input type="checkbox"/> I concur and do not appeal to the second review level	<input type="checkbox"/> I do not concur and appeal to the second review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			


**GRIEVANCE REVIEW—LEVEL II**

DATE RECEIVED	LEVEL II REVIEWER (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

**GRIEVANCE REVIEW—LEVEL III—DEPARTMENT DIRECTOR OR DESIGNEE**

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

**GRIEVANCE REVIEW—LEVEL IV—DEPARTMENT OF HUMAN RESOURCES**

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE	