



Filed directly with Mayor at Step 3

OHIO PATROLMEN'S BENEVOLENT ASSOCIATION

OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE: Mike Spuzzillo

DEPARTMENT: Shaker Heights

CLASSIFICATION: Corporal

WORK LOCATION: Shaker Heights

IMMEDIATE SUPERVISOR: N/A

STATEMENT OF GRIEVANCE:

The City terminated Cpl. Mike Spuzzillo without just cause and in violation of the non-discrimination provisions of the current labor agreement.

LIST APPLICABLE ARTICLE VIOLATION:

Articles 3; 4; 7; and any other related Articles, laws, regulations, or provisions.

ADJUST/REMEDY REQUIRED:

Make employee whole in every way, including—but not limited to—reinstatement with full back pay and any other benefits retroactive to the date of his termination.

I AUTHORIZE THE OHIO PATROLMEN'S BENEVOLENT ASSOCIATION (O.P.B.A.) AS MY REPRESENTATIVE TO ACT FOR ME IN THE DISPOSITION OF THIS GRIEVANCE.

DATE: October 15, 2020

SIGNATURE OF EMPLOYEE: */s/ Mike Spuzzillo*

SIGNATURE OF UNION REPRESENTATIVE: */s/ Dominic Saturday*

TITLE: OPBA Attorney

DATE PRESENTED TO MANAGEMENT REPRESENTATIVE:

Sent this 15 day of October 20²⁰ to: David Weiss

MANAGEMENT SIGNATURE: _____

TITLE: Mayor

DISPOSITION OF GRIEVANCE: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE IN TRIPLICATE. ALL THREE COPIES ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE OPBA REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO: Mayor

COPY: OPBA Directors; Grievant

COPY: O.P.B.A. GRIEVANCE FILE

Note: One copy of this grievance and its disposition to be kept in grievance file of O.P.B.A.