INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL UNION NO. 12, AFL-CIO
4811 Viewridge Ave.
San Diego, CA 92123

(858) 427-8788  FAX (858) 874-6418

Date: 3/22/12

To: Larry Anderson

FAX #: 858-496-1953

From: Ric Pinell

Comments: Larry, Please for a sign-in sheet for those that attended the Pre-suit for the Byers-Covey-Synthetic turf project.

Thank you!

Number of pages 0  cover sheet
Response requested yes  no
TRANSMISSION VERIFICATION REPORT

TIME: 03/30/2012 11:20
NAME: SDUSD CONST MGMT
FAX: 8584961953
TEL: 8586375266
SER. #: BROGL1J294805

DATE, TIME
03/30 11:20
FAX NO./NAME
918586746418
DURATION
00:00:34
PAGE(S)
03
RESULT
OK
MODE
STANDARD
ECM

San Diego Unified School District
PHYSICAL PLANT OPERATIONS CENTER
4880 Ruffner Street, San Diego, CA 92111-1522
Fax: (858) 573-5881

Facilities Contracts Management

FACSIMILE TRANSMITTAL

DATE: March 30, 2012

PLEASE DELIVER THE ACCOMPANYING PAGES TO:

NAME: Rich

COMPANY: OPEM 12

FAX NUMBER: 858-874-6418

NUMBER OF PAGES INCLUDING COVER:

FROM: [Signature]

COMMENTS:

Rich, no response from Byron Davey.
GRIEVANCE FORM
SECTION I
(To be filled out by person making grievance) (Please print)

Date ______________ Name of Employer ____________

CROWN FENCE COMPANY

Company

Phone No. ____________________

Company Address

Address ____________________

Job Location ________________

Location ________________

Foreman or
Person in charge

RICH BARKER

Classification

Yes No

Did you give the employer a copy of the Introduction Slip?

From which office were you dispatched?

Give all the facts you can, so grievance can be processed ON MARCH 2, 2012, CROWN FENCE COMPANY WAS FOUND TO BE IN VIOLATION OF ARTICLE III, SECTION 3.3 (REFERAL PROCEDURES) INCLUSIVE OF THE SAN DIEGO UNIFIED SCHOOL DISTRICT PROJECT STABILIZATION AGREEMENT, FOR EMPLOYING A NON REFERRED EMPLOYEE TO PERFORM COVERED WORK OF THE OPERATING ENGINEERS, LOCAL NO. 12. LOCAL NO. 12 IS DEMANDING COMPENSATORY DAMAGES IN THE AMOUNT OF $64.54 PER HOUR.

(Use back of paper if not completed in this space)

(Over) Signed

-section II
(To be filled out by Office)

Order received from employer: Date ______________ Time ______________

Person grievance originally reported to:

Type of Agreement SAN DIEGO UNIFIED SCHOOL DISTRICT PROJECT STABILIZATION AGREEMENT

Action taken and results obtained

Assigned to: RICH PINNELL. Date Completed ______________ Agent ______________

White copy and Grievance original to Main Office
Yellow copy for District Office files
WAGES: 1 DAY X 8 HOURS PER DAY X $43.48 = $347.84
FRINGES: 1 DAY X 8 HOURS PER DAY X $21.06 = $168.48

TOTAL = $516.32

MAKE CHECK PAYABLE TO OPERATING ENGINEERS HEALTH AND WELFARE FUND

MAIL CHECK TO:
LOCAL NO. 12
4811 VIEWRIDGE AVE.
SAN DIEGO, CA 92123

ATTN: RICH PINNELL