

WEST VIRGINIA PUBLIC EMPLOYEES GRIEVANCE BOARD

COST REPORT FORM

Pursuant to W. Va. Code § 6C-3-3(c)(3) and (4), the following information must be submitted to the Grievance Board.

Grievant's Name _____

Docket Number _____

1. LEVEL ONE LEVEL TWO LEVEL THREE (Check only one. Use one form per level.)

2. ESTIMATED COST OF EMPLOYEE TIME TO HANDLE THE GRIEVANCE: \$ _____

- This will include:
 - Grievant(s) and any witnesses and representatives who are employed by the state, and
 - The time they spend handling the grievance while on-the-clock.
- This does not include:
 - Time spent by attorneys employed by a public agency unless the grievant is an attorney, or
 - Benefits
- Calculation(s) should be based on the average 12-month hourly rate.

3. ACTUAL COST OF ANY LEGAL TIME PAID IN THE RESOLUTION OF THE GRIEVANCE \$ _____

This will include:

- Total cost of time billed by attorneys who are employed by a public agency,
- Total amount billed by private attorneys,
- Any legal bills paid by the Board of Risk and Insurance Management.

4. ACTUAL COST OF ANY DAMAGES PAID IN THE RESOLUTION OF THE GRIEVANCE \$ _____

This will include:

- Any damages paid by the Board of Risk and Insurance Management.
- Damages may include back pay, interest and/or benefits resulting from an employee's reinstatement or the reduction or rescission of an employee's suspension.

5. MISCELLANEOUS COSTS INCURRED BY THE EMPLOYER: \$ _____

This includes, but is not limited to, research fees, copy fees, scheduling time, cost of recording, tapes, transcriptions, etc.

6. ACTUAL OR ESTIMATED COST OF HANDLING THE GRIEVANCE AT THE LEVEL OF THE GRIEVANCE PROCESS CHECKED ABOVE (Total of Lines 2 – 5): \$ _____

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