



Policy: Staff Review
Effective: 1/1/2001-Revised: 6/6/2024
Department: Human Resources

STAFF REVIEW BOARD POLICY

PURPOSE

A staff member who believes that he/she has received an unwarranted, adverse employment action has the right to appeal the action before the Staff Review Board. Adverse employment action includes, but may not be limited to, action that impairs a staff member's job performance or prospects for transfer or promotion, including corrective action, suspension, denial of a transfer request without reason or termination. If either the staff member or casino management has a reasonable disagreement with the decision of the Staff Review Board, the decision may be appealed to the Tribal Grievance Committee.

Any staff member who has completed his/her Introductory Period but is ineligible for the Staff Review Board may appeal directly to the Tribal Grievance Committee.

POLICY

If an eligible staff member reasonably believes that he/she has received an unwarranted and adverse employment action, the staff member may appeal the action within five (5) business days. A staff member shall not be retaliated against for raising concerns brought forward in good faith.

GAMING COMMISSION ACTION

If the Gaming Commission suspends a staff member's gaming license, and later reinstates the staff member's gaming license, the time during which the license was suspended does not count towards the five (5) business days.

ELIGIBILITY

Staff Review is available to all eligible staff members who have successfully completed their Introductory Period. Assistant managers, managers, directors and executive officers of the company are not eligible for Staff Review.

EXCEPTIONS

Staff Review is not available for the following actions (including Tribal Grievance Committee Review):

1. Revocation or suspension of gaming license
2. Violation of Drug Free Workplace policy
3. Termination due to elimination of the staff member's position or a reduction in workforce

PROCEDURE

- 1) The staff member completes the Staff Review Form and submits it to Human Resources.
- 2) Human Resources Management reviews the Staff Review Form and schedules a meeting with the staff member to review the request and to explain the process.
- 3) Staff Review hearings are held within ten (10) business days of the receipt of the Staff Review Form. The Staff Review Board will decide the merits of the case after the hearing.
- 4) The staff member is permitted to bring witnesses and documentation, but all evidence must be relevant to the grievance. i.e. if a staff member is terminated for attendance, evidence is not allowed to show what a good person the staff member is.

- 5) All documents that are planned to be submitted at the Staff Review Board hearing, must be submitted to Barona Casino Human Resources Management at least two (2) business days before the hearing. A list of witnesses must also be supplied to Human Resources Management to determine the time required for the hearing.
- 6) No legal counsel will be permitted to participate in the hearing.
- 7) The outcome of the Staff Review will be communicated within three business days of the decision. The decision of the Staff Review Board will be final, unless either the staff member or casino management has a reasonable objection to the decision of the Staff Review Board. In such a case, the decision may be appealed to the Tribal Grievance Committee.
- 8) Assistant Managers and above, who are not eligible for this Staff Review Process, may appeal adverse employment actions directly to the Tribal Grievance Committee.

STAFF REVIEW BOARD

The Staff Review Board consists of two non-exempt staff members and one exempt staff member. Staff Review Board members must be in good standing while serving on the board with no corrective actions and have no corrective actions six months prior to serving on the board.

Staff Review Board members are screened to ensure they are not in the same department and that there is no conflict of interest with the staff member appealing the action.

The Staff Review Board is limited to the following decisions.

1. Uphold the decision issued to the staff member.
2. Rescind the decision issued to the staff member.

TRIBAL GRIEVANCE COMMITTEE APPEALS

Filing an Appeal

Staff members that are ineligible for the Staff Review Board process may appeal an adverse employment action directly to the Tribal Grievance Committee. All other staff members may appeal decisions of the Staff Review Board.

To begin the appeal process, an appeal form must be filed with the Barona Band of Mission Indians Human Resources Dept. within ten (10) business days of receipt of the Staff Review Board Decision, or if the staff member is a manager or above, within ten (10) business days of the adverse employment action.

If the appeal is the result of a Staff Review Board decision, a copy of the decision must be attached to the Appeal form.

Grievance Committee

Upon notification of the grievance, the Tribal Council will assemble the Grievance Committee. The Grievance Committee shall consist of at least three (3) Tribal Councilmembers.

The grievance hearing will be scheduled as soon as is reasonably practicable.

Once the date and time of the hearing have been confirmed, Human Resources will send a meeting notice to the supervisor, staff member and Barona Casino Human Resources Dept.

Interpreters

The Tribal Grievance Committee will provide interpreters; however, staff members may also bring their own interpreter to the hearing.

Evidence

All documents that are planned to be submitted at the grievance hearing, must be submitted to the Barona Band of Mission Indians Human Resources Dept. at least two (2) business days before the hearing. The documents must be made available to the opposing party and the Grievance Committee members at least one (1) business day prior to the hearing.

Grievance Hearing

At the hearing, the department head, supervisor, staff member and Barona Casino Human Resources personnel, if appropriate, are expected to present all information **relevant** to the grievance. **Evidence will not be received after the hearing.**

The parties can introduce witnesses, but testimony must be relevant and must be based on the witness' own knowledge and observations, not something told to them by another person.

The grievance hearing may not exceed two (2) hours in duration. After all available information has been presented, the Grievance Committee will adjourn and render a decision. A written decision will be provided to all parties within three (3) business days following the hearing and must be retained in the staff member's personnel file.



STAFF REVIEW REQUEST

Name: _____ Phone Number: _____

Department Name: _____ Job Title: _____

Action: (circle one) Suspension Termination

Manager: _____ Date of Action: _____

Note: Please return form to Human Resources within five business days of date of action. Upon Human Resources receipt of the completed request, a hearing will be scheduled.

Reason for action: _____

Previous discussions and/or corrective actions: _____

I disagree with the action for the following reasons: _____

I believe the appropriate action would have been: _____

I request a Staff Review Hearing for the following reasons: _____

Employee Signature: _____ Date: _____



FORMA PARA SOLUCIONAR DISPUTAS LABORALES

Nombre: _____ Numero de telefono: _____

Departamento: _____ Titulo de empleo: _____

Telefono de empleo: _____ Supervisor inmediato: _____

Fecha de la disputa: ___/___/___ Manual de politicas / procedimientos utilizado: _____

La razon por la disputa es la siguiente: _____

Fecha en que mi supervisor inmediato y yo discutimos el incidente: ___/___/___

La respuesta de mi supervisor fue la siguiente: _____

Yo creo que su respuesta es incorrecta por las siguientes razones: _____

Yo creo la respuesta apropiada para mi declaracion es la siguiente: _____

Los testigos que pueden confirmar mi declaracion son: _____

Esta es la razon/rezoes por la cual pido una audiencia para resolver mi disputa laboral: _____

**BARONA RESORT & CASINO
EMPLOYEE GRIEVANCE APPEAL**

Requestor:

Name: _____ Phone Number: _____

Department Name: _____ Job Title: _____

Employee (if different from above):

Name: _____ Phone Number: _____

Department Name: _____ Job Title: _____

**Date of Staff Review Board Hearing
(if any):** _____

Attach a copy of the decision to this appeal form.

Reason for Appeal: _____

Employee Signature: _____ Date: _____

Submit this document by mail, interoffice mail or personal delivery
to:

Human Resources Department
Barona Tribal Office
1095 Barona Road
Lakeside, CA 92040