_____,	)	
	)	**DISCOVERY REQUEST**
Grievant,	)	
	)	**(DOCUMENTS/**
vs.	)	
	)	**INTERROGATORIES/**
_____,	)	
	)	**ADMISSIONS)**
Agency.	)	

Pursuant to Sections 4.11, 4.13 and 4.14 of the 2009-2011 State of Nebraska and NAPE/ AFSCME, Local 61, Labor Contract, the recipient is hereby requested to respond and/or provide the following, within ten (10) workdays of receipt of this document to the representative/ employee below, in regard to the above grievance/appeal which was originally filed with the Agency on the _____ day of _____, 200___.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Dated this _____ day of _____, 200___ .

By: _____

Signature of Requesting Party/Representative

_____

Typed or Printed Name of Requesting Party/Representative

This request must be presented to the designated Human Resources representative/personnel contact and must be typed or printed legibly. Objections to this request must be filed in writing, to the Administrator of the DAS Employee Relations Division within five (5) workdays of receipt of the request, as per Section 4.15, with a copy to the requesting party, and must include copies of this request and the original Grievance Form.