GRIEVANCE FORM

NAPE/AFSCME
AND
STATE OF NEBRASKA

		Bargaining Unit
		Steward/Representative
		Steward's Work Phone
Name of Employee (Grievant)	State Agency	Classification/Job Title
Home Address	City, State, ZIP	Home Phone Number
Work Location		Immediate Supervisor

NOTE: Within 15 workdays of the occurance of the grieved action (or from the day the employee should have known about the action) the employee shall present a formal written grievance (on the grievance form) to the first level of supervision outside the bargaining unit.

STATEMENT OF GRIEVANCE	**Contract Violation**	
Describe in detail how, when and where the portion(s) of the Labor Contract you have identified were misapplied and/or mis-interpreted. (Use extra pages if necessary).	Article	Section
RELIEF REQUESTED:		

Employee/Grievant Signature (required)	Date	Union Steward's/Other Representative's Signature
Steward's Home Address	City, State & Zip	Steward's Home Phone Number

NOTE: If the first level supervisor outside the bargaining unit did not make the grieved decision, he/she shall note that fact briefly in the space below (Step1), sign it, and forward this form to the person who make the grieved decision within two workdays.

→→→ **TERMINATION GRIEVANCES ARE TO BE FILED AT STEP 2.**

1ST STEP	Decision Maker's Signature	Date Received	Date Answered
Decision Maker's Response: (use extra pages if necessary)			

NOTE: If dissatisfied with the decision maker's reply, the grievant has ten workdays to appeal to the Agency Head and/or his/her designee.

2ND STEP	Agency Head's Designee's Signature	Date Received	Date Answered
Agency Head/Designee Response: (use extra pages if necessary)			

Please fill out after the 2nd step answer if you wish to go to third step

WAIVER

Pursuant to Sections 4.10, 4.10.7, and 4.10.8 of the 2003-2005 Collective Bargaining Agreement between the State of Nebraska and NAPE/AFSCME Local 61, I hereby acknowledge that I am choosing to submit my grievance appeal through the voluntary and binding arbitration process and that the decision rendered by the arbitrator will be final and binding and will not be subject to appeal except as provided by the Uniform Arbitration Act.

Employee Signature _____ Witness Signature _____ Date _____

→ **NOTE: Make yourself a photocopy of this form before turning it in to management.**