

\_\_\_\_\_, )  
 )  
 )  
 Grievant, )  
 )  
 vs. )  
 )  
\_\_\_\_\_, )  
 )  
 Agency. )

**DISCOVERY REQUEST**

**(DOCUMENTS/**

**INTERROGATORIES/**

**ADMISSIONS)**

Pursuant to Sections 4.10, 4.11 and 4.12 of the 20\_\_-20\_\_ State of Nebraska and NAPE/AFSCME, Local 61, Labor Contract, the recipient is hereby requested to respond and/or provide the following, within twenty (20) 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 \_\_\_\_\_, 20\_\_.

---

---

---

---

---

---

---

---

---

---

---

---

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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 ten (10) workdays of receipt of the request, as per Section 4.12, with a copy to the requesting party, and must include copies of this request and the original Grievance Form.**