



**NAPE/AFSCME
and
State of Nebraska**

GRIEVANCE FORM

		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 occurrence 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 Agency Head (Step One).

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 misinterpreted. (Use extra pages if necessary.)	Article	Section

RELIEF REQUESTED:

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

1st STEP	Agency Head's/Designee's Signature	Date Received	Date Answered
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Agency Head/Designee Response (use extra pages, if necessary):

NOTE: If dissatisfied with the Step One response, the grievant has 15 workdays to appeal through the Administrator of the DAS Employee Relations Division (Step 2), with a copy to the Agency Head.

Please fill out after the 1st step answer, if you wish to go to second step

WAIVER

Pursuant to Sections 4.7 and 4.7.8 of the current 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
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→ NOTE: Make yourself a copy of this form before turning it in to management.