

State of Nebraska Grievance Record

Employee Name:		Classification Title
Home Address:	Phone No.	Agency Dept./Div.

GRIEVANCE PROCEDURE AND TIME ALLOWANCES. If the agency in the first step fails to respond to the grievant within the specified time period, the grievance shall be considered denied, and the grievant may forward his/her grievance to the next step. If the grievant fails to advance a grievance to any step within the timelines specified, the grievance shall be considered discontinued by the grievant and the matter is considered closed. Time allowances at any step may be extended by mutual agreement of the parties.

STEP 1 - FORMAL WRITTEN GRIEVANCE. Within 15 work days of the occurrence of the grieved action (or from the day the employee could reasonably have known about the action) the employee must present an original formal written grievance to the agency head or designee. This document must contain a statement of the grievance by indicating the issue[s] involved, the relief sought, the date the incident or violation took place, if known, and the specific section(s) of the Rules involved. The agency head or designee will issue a decision in writing within 15 work days.

NATURE OF GRIEVANCE

1. Please make a statement of the grievance including the dates and issue[s] involved. (You may attach additional pages if necessary)

2. List **specifically** all State Personnel Rules and Regulations, Agency rules or regulations, or State Statutes you believe have been misinterpreted or misapplied. Also, explain in **detail** in what way the agency misinterpreted or misapplied each of the rules, regulations, or State Statutes you have listed. (You may attach additional pages if necessary.)

3. Please state the relief sought, the agency action would resolve your grievance.

If someone other than yourself will be representing you in this grievance, please indicate the name, address, and telephone number of your representative

NAME:

ADDRESS:

TELEPHONE NUMBER:

EMPLOYEE'S SIGNATURE
(Employee's signature must appear above)

DATE

STEP 1 AGENCY HEAD OR DESIGNEE ANSWER	DATE STEP 1 GRIEVANCE RECEIVED:
The agency head or designee will issue a decision in writing within 15 work days. (Use additional pages if necessary)	
_____ AGENCY HEAD'S OR DESIGNEE'S SIGNATURE	_____ DATE
<p>STEP 2 - APPEAL TO AGENCY HEAD. If dissatisfied with the resolution of Step 1, and if Step 1 was resolved by a subordinate of the agency head, the grievant has 10 work days to appeal the decision to the agency head or designee.</p> <p>IMPORTANT: If the agency head issues the decision at Step 1, then Step 2 is no longer an option and the appeal goes directly to the Step 3 Appeal to State Personnel Board within 5 work days of receipt of the Agency Director's Step 1 Response.</p>	
STEP 2 AGENCY HEAD ANSWER	DATE STEP 2 RECEIVED:
The agency head will issue a decision in writing within 15 work days. (Use additional pages if necessary)	
_____ AGENCY HEAD'S OR DESIGNEE'S SIGNATURE	_____ DATE
<p>STEP 3 - APPEAL TO STATE PERSONNEL BOARD. The grievant may appeal the decision of the agency head to the State Personnel Board by filing the appeal with the DAS Employee Relations Division within 5 work days of receipt of the agency head's decision. The original grievance record must be attached to the appeal.</p>	

STEP 3 APPEAL TO THE STATE PERSONNEL BOARD

(THIS FORM TO ONLY BE USED FOR POSITIONS COVERED BY THE PERSONNEL RULES)

TO: **DAS-Employee Relations**
1526 K Street, Suite 120
Lincoln, Ne. 68508

FROM:

AGENCY:

1. I am appealing the grievance recorded on the attached Grievance Record form to the Nebraska State Personnel Board.

2. Names and titles of witnesses to appear before the Board on behalf of the Appellant:

3. Identification of exhibits to be submitted by the Appellant:

Employee Signature _____ Date _____
(EMPLOYEE'S SIGNATURE MUST APPEAR HERE)

The original **Grievance Record** must be attached to this form. A copy of this Step 3 Appeal form **must** also be sent to the Agency Head.

(SPS Form 9a--Rev. 5-22)