



**NE Protective Services FOP
88
and
State of Nebraska**

GRIEVANCE FORM

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

STATEMENT OF GRIEVANCE

See page 2 and succeeding pages and documents

Contract Violation:

"ANY AND ALL OTHER ARTICLES AND SECTIONS THAT MAY APPLY"

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:	City, State, ZIP:	Steward's Home Phone Number:

NOTE: Employer's response is due within 15 workdays upon the receipt of the grievance.

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

NOTE: If dissatisfied with the Step 1 decision, the grievant has 15 workdays to appeal to the Administrator of the DAS – Employee Relations Division/Designee (Step 2), with a copy to the Agency Head. The employer's response is due within 20 workdays from the date of the hearing. Either party has 7 workdays to appeal from the date of receipt of the decision.

Please fill out after the 1st Step answer, if you wish to continue to the 2nd Step

WAIVER

Pursuant to Sections 4.7 and 4.7.8 of the 2019-2021 Collective Bargaining Agreement between the State of Nebraska and FOP Nebraska Protective Services Lodge 88, 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 photocopy of this form before turning it in to management.

