



**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
Steward's Home Address	Steward's City, State, ZIP	Steward's Home Phone Number

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 and/or his/her Designee. (Step One). A grievance shall contain a statement of the grievance by indicating the issue involved, the relief sought, the date the incident or violation took place, if known, and the specific section or sections of the Contract involved.

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
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STEP 1

Agency Head's/Designee's Signature

Date Received

Date Answered

The Agency Head or Designee shall confer, unless the employee is unavailable, with the grievant either in person or by telephone, and issue a decision within 15 work days of receipt of the grievance.

Agency Head/Designee Response (use extra pages, if necessary):

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Within 15 workdays of receipt of the decision in Step 1, the grievant may appeal said decision through the Administrator of the DAS - Employee Relations Division, at which time the grievant will also provide a notice to the agency involved, of their Step 2 appeal.

STEP 2

Date Received

Date Answered

At the Step 2 conference, the Administrator of the DAS Employee Relations Division or his/her designee shall discuss resolution of the grievance and shall have the authority to interview witnesses or require documents and other items to be produced prior to the conference. Neither party may be represented by anyone licensed (active or inactive) to practice law in the State of Nebraska at this conference.

A decision shall be issued within 20 workdays of the conference.

Within 5 workdays of receipt of the Step 2 decision, either party may appeal to Step 3 by filing a notice with the Administrator of the DAS Employee Relations Division. The appealing party shall also give notice of such appeal to the other party.

STEP 3

The grievant may submit the dispute to voluntary binding arbitration. If the grievant chooses to submit the appeal to voluntary binding arbitration, he/she shall sign a waiver indicating he/she acknowledges that the decision of the arbitrator is final, except as provided in the Uniform Arbitration Act, and cannot be appealed. However, the Administrator of the DAS Employee Relations Division retains the discretion to Order that individual cases be processed through the State Personnel Board procedure.

The waiver must be submitted no later than 5 workdays from the time the Step 3 appeal is filed. If the waiver is not submitted within the deadline, the appeal shall be submitted to the State Personnel Board.

WAIVER

Pursuant to Sections 4.13.1 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

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