State of Nebraska

Grievance Record

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

Employees shall submit grievances to the decision maker or Principal within **15 workdays** of the occurrence that caused the grievance (or from the day the employee could reasonably have known about the action).



1. Clearly state the basis for your grievance. (You may attach additional pages if necessary.)
2. List **specifically** all provisions of the SCATA Labor Contract you believe have been misinterpreted or misapplied. Also, explain in **detail** in what way the agency misinterpreted or misapplied each of the provisions you have listed. (You may attach additional pages if necessary.)
3. State clearly what 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 |
| EMPLOYEE’S SIGNATURE DATE  (**Employee’s signature must appear above)** | | | ADDRESS/TELEPHONE NUMBER |

**STEP 1**

**DECISION MAKER’S ANSWER**

Date Grievance Received:

If the immediate supervisor did not make the grieved decision, he/she shall note that fact briefly in the space below (STEP #1), sign it, and forward this form to the person who made the grieved decision within 2 workdays.

(Use additional pages if necessary)

|  |  |  |
| --- | --- | --- |
| Decision Maker’s Signature |  | Date of Answer |

If employee wishes to continue the grievance beyond Step 1, the GRIEVANCE RECORD form shall be presented to the Agency Head within **10 workdays** of receipt of the answer from Step 1. The Agency Director/Designee shall hold an informal investigatory meeting within ten (10) work days of receipt of the grievance. The meeting shall include all interested parties and be for the purpose of reviewing the grievance. The Agency Director shall issue a written response to the grievance within ten (10) work days of such meeting.

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| **STEP 2**  **ANSWER FROM AGENCY HEAD** | Date Grievance Record: |
|  |  |
| Agency’s Head Signature | Date of Answer |

If the employee wishes to appeal the Agency Head answer in Step #2 to the State Personnel Board, an SPS 9a Appeal form must be completed and attached to this form and forwarded to the State Personnel Board, DAS-Employee Relations Division, 1526 K Street, Suite 120, Lincoln, Nebraska, 68508, within **5 workdays** of receipt of the answer from the Agency Head. **A copy of the Appeal form must also be submitted to the Agency Head.**

**(SPS Form 9-Rev. 2-24)**