

# State of Nebraska Grievance Record

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

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

## NATURE OF GRIEVANCE

1. Clearly state the basis for your grievance. (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. State clearly what agency action would resolve your grievance.

---

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

---

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

**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 Head or designee may issue a decision in writing within **15 workdays**; or appoint a committee or designee to hear the grievance and issue a recommendation within **15 workdays**; as provided in Chapter 15, Section 008.03 of the current Classified System Personnel Rules and Regulations. In any case, the Agency Head must complete the section below and answer the grievance.

**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, PO Box 95061, Lincoln, Nebraska, 68509-5061, 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.**