

<b>NAPE/AFSCME and Nebraska State Colleges Grievance Form</b>		Union Steward	
		College	
Name of Employee		Classification/Job Title	
Home Address		Home Phone (    )	
Work Location		Immediate Supervisor	
NOTE: This form must be filed as part of Step 2 with the Human Resource Director/AVP within fifteen (15) working days after the employee has knowledge or should have had knowledge of the facts giving rise to the grievance. See Article 15 of the Bargaining Agreement.			
<b>STATEMENT OF GRIEVANCE</b>			
Describe in detail how, when and where the portion(s) of the Bargaining Agreement you have identified were misapplied and/or misinterpreted. (Use extra pages if necessary.)		Agreement Violation Article:	Section:
<b>RELIEF REQUESTED:</b>			
Employee/Signature (required)		Date	Steward's/Other Representative's Signature
Steward's Home Address		City, State & Zip	Steward's Home Phone Number
<b>1<sup>st</sup> STEP</b> Date employee met with immediate supervisor in an attempt to settle the grievance: _____			
<b>2<sup>nd</sup> STEP</b>	Human Resource Director/AVP's Signature	Date Received in HR	Date Answered
Human Resource Director/AVP's Response: (Use extra pages is necessary)			
<b>3<sup>rd</sup> STEP</b>	President's Signature	Date Received by President	Date Answered
President's Response: (Use extra pages is necessary)			
<b>4<sup>th</sup> STEP</b>	Chancellor's Signature	Date Received by Chancellor	Date Answered
Chancellor's Response: (Use extra pages is necessary)			