

NAPE/AFSCME and Nebraska State Colleges Grievance Form		Union Steward	
		College	
Name of Employee		Classification/Job Title	
Home Address		Home Phone ()	
Work Location		Immediate Supervisor	
NOTE: This form must be filed with the Human Resource Director 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 16 of the Labor Contract.			
STATEMENT OF GRIEVANCE			
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.)		Contract Violation Article:	Section:
RELIEF REQUESTED:			
Employee/Signature (required)		Date	Steward's/Other Representative's Signature
Steward's Home Address		City, State & Zip	Steward's Home Phone Number
1st STEP Date employee met with immediate supervisor in an attempt to settle the grievance: _____			
2nd STEP	Vice President's Signature	Date Received in HR	Date Answered
Vice President's Response: (Use extra pages is necessary)			
3rd STEP	President's Signature	Date Received by President	Date Answered
President's Response: (Use extra pages is necessary)			
4th STEP	Chancellor's Signature	Date Received by Chancellor	Date Answered
Chancellor's Response: (Use extra pages is necessary)			