GRIEVANCE PROCEDURE FORM STATE OF NEW JERSEY

NOTE: Every Item must be completed to avoid delays in processing.

INSTRUCTIONS: This Grievance form is for use only by **State** employees including **State** employees who are not covered by a union contract. To initiate the grievance process, complete all items in the **GRIEVANCE INFORMATION** section and, <u>if covered by union contract</u>, submit this form within the timeframes and to the appropriate office as designated by your union contract or, <u>if not covered by union contract</u>, submit to the office or individual designated by your department to process grievances within 30 calendar days from the date on which the alleged act occurred. **NOTE:** Appeals for which Civil Service Commission review mechanisms exist, such as those pertaining to Examination, Classification (including out-of-title work), Sick Leave Injury or Layoff, should proceed through established Civil Service Commission appeal processes.

	NAME OF EMPLOYEE:	JOB TITLE:	
	MAILING ADDRESS:		
	DEPARTMENT:	DIVISION, INSTITUTION, OR A	GENCY:
NOI	DESIGNATION OF GRIEVANCE: CONTRACTUAL: State article and paragraph (section) of NONCONTRACTUAL	the contract which you claim is violated:	
GRIEVANCE INFORMANTION	EMPLOYEE STATEMENT OF GRIEVANCE (Attach additional shee	ts if necessary):	
GRIEVANCE	TO CORRECT MY GRIEVANCE, THE FOLLOWING SHOULD OCC	CUR:	
	-	ESENTATIVE WILL BE:	
	Name of Representative: WITNESSES MAY INCLUDE:	Employee Organization:	
	Signature of Employee:	Date:	
	RECEIVED BY:		
	Signature of Management Representative:	Date:	
	STEP ONE DECISION:		
STEP 1			
	Signature:(Management Representative)	(Date of Hearing) (D	ate Decision Served to Employee and Representative)
	EMPLOYEE: I acknowledge settlement of my grievance	(or)	
	Signature of Employee:	Date:	

EMPLOYEE:	☐ I WILL REPRESENT MYSELF	(or)		MY REPRESENTATIVE WILL BE	:
Name of Repre	esentative:			Employee Organization:	
WITNESSES M	AY INCLUDE:				
_		_	_		
RECEIVED BY:	:				
Signature of Ma	anagement Representative:	_		Date:_	
STEP TWO DE					
·					
Signature:				(Data of Hooring)	(Date Decision Served to Employee and Representative)
The same of	(Management Representative)			(Date of Hearing)	(Date Decision Served to Employee and Representative)
EMPLOYEE:	I acknowledge settlement of my gri	ievance			
☐ I requ			e not c	povered by a union contract and uni	on represented employees with a two step
grieva	ance process. FINAL REVIEW section below.) 	,	Ovolod by a dimin 1.	on represented surpreyers
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	eal to STEP THREE. applicable to employ				18, SEIU.
Signature of Em	nployee:			Date:	
EMPLOYEE: I WILL REPRESENT MYSELF (or) MY REPRESENTATIVE WILL BE: Name of Representative:					
· ·		. ,	_	-	
· ·	esentative:	. ,	_	-	
Name of Repre	esentative:	. ,	_	-	
Name of Repre	esentative:AY INCLUDE:	. ,	_	-	
Name of Repre WITNESSES M RECEIVED BY:	AY INCLUDE:			Employee Organization:	
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma	AY INCLUDE: anagement Representative:			Employee Organization:	
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D	AY INCLUDE: anagement Representative:			Employee Organization:	
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Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D	esentative: AY INCLUDE: anagement Representative: DECISION:			Employee Organization:Date:	
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D	AY INCLUDE: anagement Representative:			Employee Organization:	
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D	AY INCLUDE: anagement Representative: DECISION: (Management Representative)			Employee Organization:	
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D Signature: EMPLOYEE:	AY INCLUDE: anagement Representative: (Management Representative) I acknowledge settlement of my gri	ievance		Date:	(Date Decision Served to Employee and Representative)
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D Signature: EMPLOYEE:	AY INCLUDE: anagement Representative: (Management Representative) I acknowledge settlement of my gri	ievance		Date:	(Date Decision Served to Employee and Representative)
Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D Signature: EMPLOYEE: Signature Of En	AY INCLUDE: anagement Representative: DECISION: (Management Representative) I acknowledge settlement of my grimployee: FINAL REVI	ievance	IECK :		(Date Decision Served to Employee and Representative)
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Name of Repre WITNESSES M RECEIVED BY: Signature of Ma STEP THREE D Signature: EMPLOYEE: Signature Of En I reques 20 caler Civil Se	AY INCLUDE: anagement Representative: DECISION: (Management Representative) I acknowledge settlement of my grimployee: FINAL REVI st that my NONCONTRACTUAL griev and ar days of receipt of the decision a	ievance IEW. CH vance be ppealed renton,	E revied, send		(Date Decision Served to Employee and Representative) nission. See N.J.A. C. 4A:2-3.7. Within Practices and Labor Relations,