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, if covered by union contract, submit this form within the timeframes and to the appropriate office as designated by your union contract or, if not covered by union contract, 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 Merit System review mechanisms exist, such as those pertaining to Examination, Classification (including out-of-title work), Sick Leave Injury or Layoff, should proceed through established Merit System appeal processes.

GRIEVANCE INFORMANTION

NAME OF EMPLOYEE: JOB TITLE:

MAILING ADDRESS:

DEPARTMENT: DIVISION, INSTITUTION, OR AGENCY:

DESIGNATION OF GRIEVANCE:

☐ **CONTRACTUAL:** State article and paragraph (section) of the contract which you claim is violated: _____

☐ **NONCONTRACTUAL**

EMPLOYEE STATEMENT OF GRIEVANCE *(Attach additional sheets if necessary):*

TO CORRECT MY GRIEVANCE, THE FOLLOWING SHOULD OCCUR:

☐ **I WILL REPRESENT MYSELF** (or) ☐ **MY REPRESENTATIVE WILL BE:**

Name of Representative: _____ Employee Organization: _____

WITNESSES MAY INCLUDE:

Signature of Employee: _____ Date: _____

STEP 1

RECEIVED BY:

Signature of Management Representative: _____ Date: _____

STEP ONE DECISION:

Signature: _____ _____ _____

(Management Representative) *(Date of Hearing)* *(Date Decision Served to Employee and Representative)*

EMPLOYEE:

☐ I acknowledge settlement of my grievance (or) ☐ I appeal to STEP TWO*

Signature of Employee: _____ Date: _____

STEP 2

EMPLOYEE: ☐ I WILL REPRESENT MYSELF (or) ☐ MY REPRESENTATIVE WILL BE:

Name of Representative:_____ Employee Organization:_____

WITNESSES MAY INCLUDE:

RECEIVED BY:

Signature of Management Representative:_____ Date:_____

STEP TWO DECISION:

Signature:_____ _____ _____

(Management Representative) (Date of Hearing) (Date Decision Served to Employee and Representative)

EMPLOYEE:

☐ I acknowledge settlement of my grievance

☐ I request **FINAL REVIEW.** This is for employees who are not covered by a union contract and union represented employees with a two step grievance process.
See **FINAL REVIEW** section below.

☐ I appeal to **STEP THREE.** applicable to employees represented by Local 195, IFPTE and Local 518, SEIU.

Signature of Employee:_____ Date:_____

STEP 3

EMPLOYEE: ☐ I WILL REPRESENT MYSELF (or) ☐ MY REPRESENTATIVE WILL BE:

Name of Representative:_____ Employee Organization:_____

WITNESSES MAY INCLUDE:

RECEIVED BY:

Signature of Management Representative:_____ Date:_____

STEP THREE DECISION:

Signature:_____ _____ _____

(Management Representative) (Date of Hearing) (Date Decision Served to Employee and Representative)

EMPLOYEE:

☐ I acknowledge settlement of my grievance ☐ I request FINAL REVIEW.

Signature Of Employee:_____ Date:_____

FINAL REVIEW. CHECK ONE BOX ONLY AND SIGN.

☐ I request that my **NONCONTRACTUAL** grievance be reviewed by the Merit System Board. See N.J.A. C. 4A:2-3.7. Within 20 calendar days of receipt of the decision appealed, send to: **Division of Merit System Practices and Labor Relations, Department of Personnel, P.O. Box 312, Trenton, New Jersey 08625-0312.**

☐ My grievance is designated as **CONTRACTUAL.** See the Union Representative who represented you at the last step of the grievance process.

Employee Signature:_____ Date:_____