

NFA GRIEVANCE APPEAL – ARTICLE 14

Instructions: This form is completed if the grievant is not satisfied with the decision arising from initial meeting and would like to appeal the decision to the next person in the chain of command. The appeal must be filed within 10 working days following the receipt of the written determination from the initial grievance meeting. Form must be filed with the TMCC Human Resources Office.

_____ Date Filed

First Name		Last Name	
Title		Department	
Home Address		Phone	
City	State	Zip	

STATEMENT OF APPEAL

Please provide a concise but complete statement why you are appealing the decision from the initial meeting, including arguments why the decision is erroneous. Attach a copy of the initial meeting decision as well as a copy of all papers you filed.

Complete Statement of Appeal (attach additional pages as needed)

I choose I do not choose

to be represented by the Nevada Faculty Alliance at this grievance step. (Under the terms of the collective bargaining agreement, you may represent yourself or have the Nevada Faculty Alliance represent you.)

Grievant Signature	Date
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