

NFA GRIEVANCE – ARTICLE 14

Instructions: This form must be filed with the TMCC Human Resources Office within 10 working days following the receipt of the written response from the informal process; OR 20 working days in the informal process is bypassed after becoming aware of the dispute to file the formal grievance. In this case the document must identify when the grievant first learned of the act or omission.

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

NATURE OF THE GRIEVANCE

Please provide a concise but complete statement of the alleged violation, misapplication or misinterpretation of the collective bargaining agreement which constitutes your grievance. Please include the date on which you first became aware of the violation.

Date of Violation
Complete Description of Act or Omission (attach additional pages as needed)

SPECIFIC PROVISIONS

Specific provision(s) of the collective bargaining agreement you believe have been violated

REMEDY SOUGHT

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 or have the Nevada Faculty Alliance represent you.)

Grievant Signature	Date
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