

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				
Last Name	First Name			
Title	Department	Department		
Home Address		Phone		
City	State		Zip	
STATEMENT OF APPEAL				
Please provide a concise but complete statemen arguments why the decision is erroneous. Attackfiled.				
Complete Statement of Appeal (attach additional pages as ne	eeded)			
I choose I do not choose I to be represented by the Nevada Faculty Alliance at the Revada Faculty Alliance II alliance		ns of the collective bar	gaining agreement, you mag	
Grievant Signature			Date	