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 by all State employees, including employees who are not covered by a union contract. To initiate the grievance process, complete all items in the **GRIEVANCE INFORMATION** section and submit this form to the appropriate office as designated by your union contract or 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

(out-of-title work), Sick Leave Injury or Layoff, should proceed through established Merit System appeal processes.

NAME OF EMPLOYEE.		
NAME OF EMPLOYEE:	JOB TITLE:	
MAILING ADDRESS:		SOCIAL SECURITY NUMBER:
DEPARTMENT:	DIVISION IN	STITUTION OR AGENCY:
DELAKTIMENT.	DIVISION, IN	STITUTION ON AGENCT.
DESIGNATION OF GRIEVANCE:	•	
CONTRACTUAL: State article and paragraph (section) of the contraction	tract which you	claim is violated:
☐ NONCONTRACTUAL		
EMPLOYEE STATEMENT OF GRIEVANCE (Attach additional sheets if I	necessary).	
LIMI EOTEE STATEMENT OF SKIEVANSE (Allacit additional sheets in	necessary).	
TO CORRECT MY GRIEVANCE, THE FOLLOWING SHOULD OCCU	JR:	
☐ I WILL REPRESENT MYSELF (or) ☐ MY REPRESENTATIV	VE WILL BE:	
Name of Representative:	Employee Ord	ganization: NJSOA/FOP183
	. ,	,
WITNESSES MAY INCLUDE:		
	DATE	
SIGNATURE OF EMPLOYEE:	DATE:	
SIGNATURE OF EMPLOYEE:	DATE:	
SIGNATURE OF EMPLOYEE:	DATE:	
	DATE:	
RECEIVED BY:		
	DATE:	
RECEIVED BY: Signature of Management Representative:		
RECEIVED BY:		
RECEIVED BY: Signature of Management Representative:		
RECEIVED BY: Signature of Management Representative:		
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION:		
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION:		
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION:		
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION:		
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION: SIGNATURE:		
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION:	Date:	Hearing) (Date Decision Served to Employee
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION: SIGNATURE:	Date:	Hearing) (Date Decision Served to Employee and Representative)
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION: SIGNATURE: (Management Representative)	Date:	Hearing) (Date Decision Served to Employee and Representative)
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION: SIGNATURE: (Management Representative) EMPLOYEE:	Date:	and Representative)
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION: SIGNATURE: (Management Representative) EMPLOYEE:	Date:	Hearing) (Date Decision Served to Employee and Representative)
RECEIVED BY: Signature of Management Representative: STEP ONE DECISION: SIGNATURE: (Management Representative) EMPLOYEE:	Date: (Date of	and Representative)