

NFA CONTRACT GRIEVANCE – ARTICLE 14

Instructions: This form must be filed with the TMCC Human Resources Office within: 10 working days following the act or omission giving rise to the grievance; OR 10 working days following the first time the grievant knew or should have known of the act or omission, if that is later. In this case the document must identify when the grievant first learned of the act or omission.

Date Filed

First Name		Last 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

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 yourself or have the Nevada Faculty Alliance represent you.)

Grievant Signature

Date