**OMAHA HOUSING AUTHORITY**

**AND NEBRASKA PUBLIC EMPLOYEES LOCAL NO. 251**

**OFFICIAL GRIEVANCE FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Department: |  |
| Classification: |  | Work Shift: |  |
| Work Location: |  | Immediate Supervisor: |  |
|  |  |  |  |
| I authorize the A.F.S.C.M.E. Local No. 251 as my representative to act for me in the disposition of this grievance. |
| [ ]  Yes | [ ]  NO |
| Signature of grievant |  | Date |  |
|  |  |  |  |

Grievance: (State the article and the section of the contract that has been violated.)

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Adjustment Required:

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| Level 1: (Presentation to Department Head or Designee.) |
| [ ]  Approved |  | PRESENTATION DATE |  | RECEIVED BY/DATE |  | RESPONSE DATE |
| [ ]  Denied |  |  |  |  |  |  |
| Level 2: (Presentation of grievance to Human Resources/Executive Director) |
| [ ]  Approved |  | PRESENTATION DATE |  | RECEIVED BY/DATE |  | RESPONSE DATE |
| [ ]  Denied |  |  |  |  |  |  |

All of the above requested information must be filled in completely. Failure to do so will result in the grievance being invalid and will not be processed.

Distribution:

1. Department Head
2. Union
3. Employee