

**Agency Request for Removal of Grievance
Based on NRS 284.384 or NRS 288.505**

The appointing authority {or their designee} of _____, requests grievance #_____submitted by _____,be removed from the grievance/collective bargaining agreement (**CBA**) process based on one or more of the following:

☐ **284:**

- ☐ Grievance did not arise out of employer-employee relationship [NAC 284.658(2)]
- ☐ Grievant is not in classified service [NAC 284.658(2)]
- ☐ Grievant is not a permanent employee (Hire date: _____) [NAC 284.658(2)]
- ☐ Grievance is related to rejection from trial period [NAC 284.458(2)(a)]
- ☐ Refusal to examine applicant or certified eligible applicant on a list [NRS 284.245]
- ☐ Appeal of:
 - ☐ appointing authority decision regarding Catastrophic Leave [NRS 284.3629]
 - ☐ classification decision [NRS 284.165]
 - ☐ involuntary transfers [NRS 284.376]
 - ☐ dismissal, demotion, or suspension [NRS 284.390]
 - ☐ alleged reprisal or retaliatory action taken against an employee for disclosing improper governmental action [NRS 281.641]

☐ **CBA:**

- ☐ CBA timelines not met by Grievant [NRS 288.505]
- ☐ Grievance did not arise out of employer-employee relationship [NAC 284.658(2)]
- ☐ Grievant is not in classified service [NAC 284.658(2)]

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- ☐ Grievance/CBA content governed by Federal Law (provide statute, section # and heard by).

- ☐ Reason for removal is not listed above, detail the NRS/NAC/CBA justification below.

Appointing Authority Name/Title:_____

Date: _____Contact Phone:_____Contact Email:_____

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- ☐ Removal of grievance granted. ☐ Removal of grievance denied:

DHRM Rep: _____ Title: _____ Date: _____

Email to: EMCCoordinator@admin.nv.gov

cc: Employee/Employee Representative

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