

**AGENCY REQUEST FOR REMOVAL OF GRIEVANCE
FROM GRIEVANCE PROCESS BASED ON NRS 284.384**

Grievance #:	
Employee Name:	
Department/Division Name:	
Agency Contact Name and Title:	
Agency Contact Telephone # and Email Address:	

The appointing authority, or his or her designated representative, is requesting that the above grievance be removed from the grievance process on the following grounds:

- The employee is not in the classified service.
- The employee is not a permanent employee. Hire Date: _____
- The grievance does not meet the definition of a grievance as provided in NRS 284.384. Please indicate the complaint type below:
 - Federal law (statute and section #, heard by): _____
 - Appeal of a classification decision (NRS 284.165)
 - Refusal to examine an applicant or certify an eligible applicant on a list (NRS 284.245)
 - Appeal of appointing authority's decision regarding Catastrophic Leave (NRS 284.3629)
 - Appeal of an involuntary transfer (NRS 284.376)
 - Appeal of a dismissal, demotion, or suspension (NRS 284.390)
 - Appeal when there is alleged reprisal or retaliatory action taken against an employee for disclosing improper governmental action (NRS 284.647)

Agency Appointing Authority or Designated Representative:

Signature Date

Print Name Print Title

Division of Human Resource Management:

Signature Date

Print Name Print Title

- Reason grievance removed: _____
- Reason grievance not removed: _____

Email request to: EMCCoordinator@admin.nv.gov

cc: Employee or Employee Representative