

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

GRIEVANCE INFORMATION

Grievance #: _____ Employee Name: _____

Department/Division Name: _____

Agency Contact Name and Title: _____

Agency Contact Telephone # and Email Address: _____

REASON FOR REQUESTING REMOVAL

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 is related to a rejection from trial period (NAC 284.458).
- The grievance does not meet the definition of a grievance as provided in NRS 284.384.

Please indicate the complaint type below.

- Grievance did not arise out of the employer-employee relationship.
- 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 281.641)

AGENCY APPOINTING AUTHORITY OR DESIGNATED REPRESENTATIVE

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

Email request to: EMCCoordinator@admin.nv.gov

DETERMINATION (DHRM use only)

Reason grievance removed: _____

Reason grievance not removed: _____

Signature: _____ Date: _____

Print Name: _____ Print Title: _____