

**STEP 2**

**EMPLOYEE:**  I WILL REPRESENT MYSELF (or)  MY REPRESENTATIVE WILL BE:

Name of Representative: \_\_\_\_\_ Employee Organization: \_\_\_\_\_

**WITNESSES MAY INCLUDE:**

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**RECEIVED BY:**

Name of Management Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP TWO DECISION:**

SIGNATURE: \_\_\_\_\_ (Management Representative) \_\_\_\_\_ (Date of Hearing) \_\_\_\_\_ (Date Decision Served to Employee and Representative)

**EMPLOYEE:**

I acknowledge settlement of my grievance

I request **FINAL REVIEW**. This is for employees who are not covered by a union contract and union represented employees with a two step grievance process. See **FINAL REVIEW** section below.

I appeal to **STEP THREE**. Applicable to employees represented by Local 195, IFPTE and Local 518, SEIU.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 3**

**EMPLOYEE:**  I WILL REPRESENT MYSELF (or)  MY REPRESENTATIVE WILL BE:

Name of Representative: \_\_\_\_\_ Employee Organization: \_\_\_\_\_

**WITNESSES MAY INCLUDE:**

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**RECEIVED BY:**

Name of Management Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP THREE DECISION:**

SIGNATURE: \_\_\_\_\_ (Management Representative) \_\_\_\_\_ (Date of Hearing) \_\_\_\_\_ (Date Decision Served to Employee and Representative)

**EMPLOYEE:**

I acknowledge settlement of my grievance  I request **FINAL REVIEW**.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL REVIEW. CHECK ONE BOX ONLY AND SIGN**

I request that my **NON-CONTRACTUAL** grievance be reviewed by the Merit System Board. See N.J.A.C. 4A:2-3.7. Within 20 calendar days of receipt of the decision appealed, send to: **Division of Appellate Practices and Labor Relations, Department of Personnel, PO Box 312, Trenton, New Jersey 08625-0312.**

My grievance is designated as **CONTRACTUAL**. See the Union Representative who represented you at the last step of the grievance process.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ Date: \_\_\_\_\_