



**EMPLOYEE COMPLAINT/GRIEVANCE  
WAIVER OF DEADLINE**

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS  
SFN 59354 (2/2014)

NDCLCI  
Po Box 149  
Valley City, ND 58072  
Phone: (701)845-8632  
Fax: (701)845-8633  
Email: clcivc@nd.gov

Employee name:	Employee position/title:
Office:	Phone number:
Office address:	

Employee status (check all that apply):	
<input type="checkbox"/> Classified	<input type="checkbox"/> Non-classified
<input type="checkbox"/> Probationary	<input type="checkbox"/> Permanent
<input type="checkbox"/> Applicant	<input type="checkbox"/> Temporary
Immediate supervisor:	Supervisor title:
Second level supervisor:	Title:

I request that the Director waive the deadline for submitting a complaint and/or grievance regarding a matter which occurred on \_\_\_\_\_, 20\_\_\_\_, in order to attempt to resolve this matter informally within the work group.

\_\_\_\_\_

Signature of employee Date

The waiver is  granted  denied. Any complaint/grievance relating to a matter which occurred on \_\_\_\_\_, 20\_\_\_\_, must be filed no later than \_\_\_\_\_, 20\_\_\_\_.

This form has been  faxed  mailed  emailed to \_\_\_\_\_.

\_\_\_\_\_

Signature of Director or authorized agent Date