



EMPLOYEE REQUEST FOR WAIVER OF INTERNAL AGENCY GRIEVANCE PROCEDURE

STATE OF NORTH DAKOTA

SFN 53730 (4-03)

INSTRUCTIONS:

- A waiver of the internal grievance procedure is allowed if there is mutual agreement between the employee and the appointing authority. The waiver (SFN 53730) must be signed by both the employee and employer within 15 working days of the employer action.
- The employee, upon receiving an approved waiver, may appeal (using SFN 3096) to ND Human Resource Management Services. The appeal must be received in the ND Human Resource Management Services office by 5 p.m., within 15 working days from the date of the waiver.
- If the waiver is denied, an employee may grieve the employer action through the internal agency grievance procedure. The employee must start the internal grievance procedure or obtain a waiver within 15 working days from the date of notice of the employer action or in the case of reprisal action, 15 working days from the date of employer action. Therefore, an employee should act early to allow for a possible waiver denial and still allow time to initiate the internal agency grievance process within 15 working days of the employer action.

Employee Name	Position
Immediate Supervisor	Title
Type of Grievance:	
<input type="checkbox"/> Dismissal	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Reduction-in-Force	<input type="checkbox"/> Reprisal Action
<input type="checkbox"/> Forced Relocation	<input type="checkbox"/> Suspension Without Pay
<input type="checkbox"/> Demotion	

Employee Section:

I certify that I have been given an opportunity to respond to the reasons for the employer action. I certify that at the time of the employer action I was a classified employee; had completed the probationary employment period; and had been granted regular status as defined in North Dakota Administrative Code chapter 4-07-06. In accordance with North Dakota Administrative Code section 4-07-20.1-05, I request a waiver of the requirement to complete the internal agency grievance procedure.

Employee Signature

Date

Employer Section:

Check the appropriate statement:

I agree to a waiver of the internal agency grievance procedure.

I do not agree to a waiver of the internal agency grievance procedure.

Employer Signature

Date