**Instructions**

A grievant may be assisted at a grievance meeting by an employee of the grievant’s choosing except where that would constitute a conflict of interest or unreasonably impact the operational efficiency of the Agency. An appointing authority may request permission to deny a particular peer candidate by submitting this request, along with any information that will support their request, to their assigned Labor Relations Team member. If you have any questions regarding the completion of this form, please contact your assigned Labor Relations Team member or personnel officer.

|  |  |
| --- | --- |
| **Agency:** |       |

|  |  |
| --- | --- |
| **Agency Contact:** |       |

|  |  |
| --- | --- |
| **Name of Grievant:** |       |
|  |  |
| **Name of Peer:** |       |
|  |  |

***See Rule 11—61.1(4)”b” for reasons regarding denial.***

 ***(Please check the reason for the denial)***

**\_\_\_\_\_\_ Conflict of Interest \_\_\_\_\_\_ Unreasonably Impacts Operational**

 **Efficiency of the Agency**

**Explanation:**

**Agency Designee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[For DAS use only below this line]*

**Decision:**

 **\_\_\_\_\_\_ Granted \_\_\_\_\_\_ Denied**

|  |  |  |  |
| --- | --- | --- | --- |
| **DAS Director (or Designee):** |       | **Date:** |       |

|  |  |
| --- | --- |
|  |  |
|  |

cc**:** Personnel Officer

DAS-HRE LRT Coordinator
Organizational Performance Bureau Chief

DAS-HRE COO

DAS Director