

APPENDIX D (Cont'd)
EMPLOYEE GRIEVANCE FORM
(Refer to Article IX of the STA Contract)

NAME: _____ CLASSIFICATION: _____ DATE: _____

Description of Problem:

GRIEVANCE-DISCUSSION OF CONFERENCE – LEVEL I (To be filed within 30 instructional days from the day of the alleged violation)

Principal: _____ Date: _____ Grievant Signature: _____ Date: _____

GRIEVANCE – WRITTEN GRIEVANCE SUBMITTED – LEVEL II

Action Requested:

Grievant Signature: _____ Date: _____

Principal's Decision:

Signature: _____ Date: _____

GRIEVANCE – SUPERINTENDENT – GRIEVANT CONFERENCE – LEVEL III

Date Grievance Received: _____ Date of Conference: _____

Facts and Discussion:

Superintendent's Decision:

Superintendent's Signature: _____ Date: _____

GRIEVANCE: ADVISORY ARBITRATION – LEVEL IV

Written Request for Advisory Arbitration Received on:

Findings:

Advisory Recommendations:

Hearing Date: _____ Advisory Arbitrator Signature: _____ Date: _____

GRIEVANCE – FINAL DECISION BY GOVERNING BOARD Date Received: _____

Decision:

Public Action Taken On: _____ Board President's Signature: _____ Date: _____