

LEVEL II - NOTIFICATION OF GRIEVANCE

Form 2 – To be used by a classified employee to appeal a grievance to the District Director of Human Resources (Level II).
Grievances must be formally appealed within five (5) days after the decision by the employee’s immediate supervisor.

_____ Date _____
Name of Employee (Grievant)

Work Site _____ Job Classification _____

Details of Grievance (explain exactly what happened or did not happen and attach additional sheets if necessary): _____

Witness(es): _____

Contract Article Violated: _____

Date/Time of Violation: _____

Remedy Requested: _____

Notice: Include a copy of the Level I Grievance and District Response with your Level II submission.

Received by: _____ Date: _____ Time: _____

Contract Violation? YES _____ NO _____ Explain: _____

Additional information: _____

Proposed Remedy: _____

Association Notified: To _____ Date _____

District Notified: To _____ Date _____

Final Settlement Offered: To _____ Date _____

Accepted by Grievant: YES _____ NO _____

NOTE: The District Director of Human Resources should respond in writing within ten (10) days after receiving this appeal. If the District Director of Human Resources does not respond within the time limit, or if you are not satisfied with the decision, you may appeal this grievance to Level III within ten days on Form 3 and request that the Association submit the grievance to arbitration. The Association, by written notice to the Superintendent within 15 work days may submit the grievance to binding arbitration.

DISTRIBUTION:

When filed: Original to District Director of Human Resources
Copy to Immediate Supervisor

When completed:
Copy to Grievant
Original retained by District Director of Human Resources