

SHASTA UNION HIGH SCHOOL DISTRICT

Grievance Notification or Appeal Form

Name of Grievant: _____

(NOTE: If the grievance is filed on behalf of a class or group of employees, identify the class or group and attach a listing of the names of the individuals.)

Grievant's Work Location: _____

Grievant's Work Assignment: _____

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Choose Appropriate Level of Grievance or Appeal:

Level I ____ Level II ____
Level III ____ Level IV ____

Date of the aggrieved act or omission (or the date that it became known to you):

Indicate the specific Article, Section and Page of the collective bargaining contract that is alleged to have been violated: _____

Describe the act or omission in question and include specifics, such as names, dates, times, places, etc. (Attach additional page(s) if necessary.) _____

State the specific remedy that you are seeking:

Do you plan to utilize conferees? If so, state their names.

It this is not a Level I grievance or appeal, what was the decision rendered in the previous level? (Attach copies of previous level decisions.)

Signature of Grievant

Date

