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: ________________________________

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.
_________________________________________________________________
_________________________________________________________________

If 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 ___________________________