WASHOE COUNTY SCHOOL DISTRICT Human Resources Division

EDUCATION SUPPORT PROFESSIONAL GRIEVANCE FORM

Name (Please Print)		Grievant's Signature		Date Filed	
School Loca	tion Po	sition	On Behalf of the A	Assn.	Date Received
TIME LIM	IT			MON	TH/DAY/YEAR
On what date grievance is	e did you become aware based?	of the act or cond	dition on which this		
LEVEL ON	E: SUPERVISOR				
administrativ	e(s) did you meet and dis ve supervisor? This is co cocedure and must be adh al Level on this form.	onsidered the Info	ormal Level of the	V 	
On what dat going to file	e did you notice your adı a grievance?	ministrative super	rvisor you were	S.	
a.	Grievant's Statement				
gi Gi	On page 3 or on an atta grievance including the or inequitable application. Agreement (the specific Also state the relief you	alleged violation on of a specific p c Article of the A	n, misinterpretation,	3 <u>2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3</u>	
b.	Administrative Super	visor Decision			
	Date grievance receive	d:		***************************************	1987
	Date decision rendered working days after mee		ten (10)		
c.	Grievant's Response				
	Please sign and date be	low if Level One	decision is acceptable.		
	Signature	3.104	· · · · · · ·		

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LEVEL TWO: DEPARTMENT HEAD

MONTH/DAY/YEAR

а.	Please initial here and forward to the Labor Relations Manager if you wish to appeal to the Department Head Level. Attach written response, if desired. Please enter the date this appeal is provided to the Human Resources Department:	
	Signature	
b.	Department Head Decision	
	Date grievance received:	
	Hearing Date (within five (5) working days of receipt):	
	Date decision rendered (must be within ten (10) working days after meeting):	
c.	Grievant's Response	
	Please sign and date below if Level Two decision is acceptable.	
	Signature	
LEVEL TH	REE: SUPERINTENDENT/DESIGNEE	
a.	Grievant's Appeal	
	Please initial here and forward to the Labor Relations Manager if you wish to appeal to the Superintendent Level. Your appeal MUST be filed within five (5) working days after receipt of the decision from the department head at Level Two. Attach written response, if desired. Please enter the date this appeal is provided to the Human Resources Department:	

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Signature

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	b.	Superintendent/Designee's Decision	MONTH/DAY/YEAR
		Date grievance received:	
		Hearing Date (within fifteen (15) working days of receipt):	
		Date decision rendered (must be within fifteen (15) working days after the hearing date):	Construction of
	c.	Grievant's Response	
		Please sign and date below if Level Three decision is acceptable.	
		Signature	
LEVEL	FO	OUR: ARBITRATION	
	a.	Grievant's/Association's Appeal	
		Please initial here and forward to the Labor Relations Manager if you wish to appeal to an Arbitrator. Your appeal MUST be filed within fifteen (15) working days after receipt of the decision from Level Three. Attach written response, if desired. Your appeal will be scheduled with an Arbitrator. Please enter the date this appeal is provided to Human Resources:	
		Signature	·
		Signature of Associate Representative	
TEXT:			
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