

LEVEL TWO: DEPARTMENT HEAD

MONTH/DAY/YEAR

a. Grievant's Appeal

_____ 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 THREE: 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:

Signature

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):

c. Grievant's Response

Please sign and date below if Level Three decision is acceptable.

Signature

LEVEL FOUR: 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:

Lined area for text entry.