WASHOE COUNTY SCHOOL DISTRICT Human Resources Division

CERTIFICATED GRIEVANCE FORM

Grievance #	Name (Please Print or Type)		School/Location	Assignment	
WCSD#	// Date Filed	Grievant's Signature	On Behalf of the Associat	ion Date R	/_ eceived
TIME LIMIT					
On what date is based?*	e did you become	aware of the act or condition	on on which this grievance		
On what date(s) did you meet and discuss this grievance with your supervisor?				/	_/
Did you advise your principal/supervisor as to the nature of the problem, in writing, prior to the above meeting?				Yes _	No
On what date did you notice your supervisor you were going to file a grievance?				/	_/
On an or 3) ir provisi Have y and the	equitable applica on(s) of the Agree ou distributed cop e Chief Human R	tion of the Negotiated Agree ement). Also, please state pies to the Association, appi esources Officer?	violation, 2) misinterpretation, ement (state the specific the relief you are seeking. ropriate Area Superintendent,	Yes _	No
Within Superv attach	Principal's/Supervisor's Decision Within five (5) working days of receipt (enter date at right), the Principal/ Supervisor must provide his/her decision and the reasons therefore. Please attach a copy of the decision to this form. Please enter date decision is rendered:				
C. Grieva	nt's Response				
	sign and date be luman Resources	low if Level One decision is Officer.	acceptable. Return to the		
Grieva	nt's Signature		<u> </u>	/	

Date: 4/13/11, REV.B HR-F602 Page 1 of 2

^{*}If an employee does not file a grievance in writing as provided herein within fifteen (15) days after he/she knew of or should have known of the act or condition on which the grievance is based, then the grievance shall be waived. (WCSD/WEA Negotiated Agreement Section 12.4.3)

LEVEL TWO: AREA SUPERINTENDENT

Grievant's Appeal

A.

Please initial here and forward to the appropriate Area Superintendent and the Chief Human Resources Officer if you wish to have the Area Superintendent review and render a decision. Please enter the date you are filing the grievance with the Area Superintendent: B. **Central Administration Decision** Within ten (10) working days of receipt (enter date at right), the Area Superintendent must provide his/her decision and the reasons therefore. Please attach a copy of the decision to this form. Please enter date decision is rendered: C. Grievant's Response Please sign and date below if Level Two decision is acceptable. Return to the -Chief Human Resources Officer. Grievant's Signature LEVEL THREE: SUPERINTENDENT/DESIGNEE Grievant's Appeal A. Please initial here and forward to the Chief Human Resources Officer if you wish to appeal this grievance to the Superintendent/Designee. You must file an appeal within five (5) working days of the decision by the Area Superintendent or within ten (10) working days of filing with the Area Superintendent, if no decision has been rendered. Please enter the date this appeal is provided to the Chief Human Resources Officer, Human Resources: ₿. Superintendent/Designee Decision A hearing must be held within eight (8) working days of receipt of this appeal. Date appeal was received: Hearing date: A decision must be rendered within five (5) days after the hearing date or ten (10) days if filed by the Association at Level Three. Please attach a copy of the decision to this form. Date decision rendered: