Appendix A

VICTOR ELEMENTARY SCHOOL DISTRICT
CERTIFICATED GRIEVANCE FORM

Grievant(s): _____ Representing: _____
(Individual or Association)

Work Location: _____ Supervisor: _____

* * * * * * * * * * * **INFORMAL LEVEL** * * * * * * * * * * * *

1. Alleged Violation of Agreement: Specific Article(s) and Section(s)

_____

_____

_____

2. Date(s) of Occurrence: _____

3. Description of Alleged Violation: _____

_____

_____

_____

4. Remedy Sought: _____

_____

_____

5. Summary of efforts to resolve at Informal Level: _____

_____

_____

_____

_____

6. Date of Notification Conference: _____

Signature of Grievant: _____ Date: _____

* * * * * * * * * * * * **FORMAL LEVEL** * * * * * * * * * * * *

Disposition of Superintendent or Designee

Date submitted to Level I: _____

Date of Level I Conference: _____

Disposition of Grievance: _____

Signature of Superintendent/Designee: _____ Date: _____

* *

Level II – Mediation
Request is hereby made to jointly submit this grievance for mediation by California State Conciliation Service

_____ _____
President, Victor Elementary Teachers Association Date

* *

Level III - Arbitration
Request is hereby made to jointly submit this grievance for binding arbitration in accordance with the terms of the negotiated agreement.

_____ _____
President, Victor Elementary Teachers Association Date

COPY TO GRIEVANT, ASSOCIATION PRESIDENT AND GRIEVANCE FILE