

CERTIFICATED GRIEVANCE FORM

ORIGINAL FORM (no copies please) TO BE PRESENTED TO THE IMMEDIATE SUPERVISOR AFTER THE INFORMAL CONFERENCE.
PLEASE SEE CURRENT CONTRACT FOR DEADLINES.

DATE OF INFORMAL CONFERENCE: _____

STEP 1

SUBMISSION OF GRIEVANCE: All portions of this section must be completed by Grievant.

Employee Name: _____ Work Location: _____

Statement of Grievance: _____

Article/Section of the Agreement allegedly violated: _____

Remedy sought by Grievant: _____

Signature: _____ Date: _____

*Upon completion of this section; grievant shall present original to the immediate supervisor,
copy to Superintendent/Designee, and copy to TEA.*

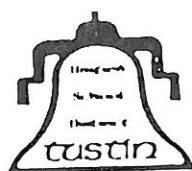
IMMEDIATE SUPERVISOR'S RESPONSE:: _____

Date Received

Date Responded

Signature

Upon completion of this section; original to grievant, copy to Superintendent/Designee, and copy to TEA



CERTIFICATED GRIEVANCE FORM

STEP 2

EMPLOYEE NAME: _____

APPEAL TO THE SUPERINTENDENT/DESIGNEE:

All portions of this section must be completed by the Grievant. Attach the original Step 1 form, including Supervisor's Response, to the original of this form and submit to Superintendent/Designee.

REASON FOR APPEAL: _____

REMEDY SOUGHT: _____

Date

Signature

Attachments: Originals, Step 1, and Supervisor's Response

SUPERINTENDENT/DESIGNEE DECISION: _____ _____ _____ _____ _____ _____ _____

Date

Signature

Upon completion of this section; original to grievant, copy to Asst. Superintendent Personnel Services, copy to TEA



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STEP 3

EMPLOYEE NAME: _____

REQUEST FOR A HEARING BY THE BOARD OF EDUCATION:

This section must be completed by the Grievant.

Attach the original Step 1 and Step 2 forms, including responses, and submit to the Superintendent.

I hereby request that a hearing be conducted to consider the grievance outlined on the attachments.

My representative is: _____

Date

Signature

Attachments: Originals, Steps 1 and 2, and Responses

REPORT OF THE BOARD OF EDUCATION:

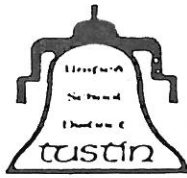
Date of Hearing: _____

Attach a copy of the findings and decision.

Date

Signature of Clerk, Board of Education

Upon completion of this section; original to grievant, copy to Asst. Superintendent Personnel Services, copy to TEA



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STEP 4

EMPLOYEE NAME: _____

Tustin Educators Association (TEA) hereby requests the grievance outlined on the attachments be submitted to arbitration.

Date

Signature, TEA President/Designee

Attachments: Originals, Steps 1, 2, 3, and Responses