



# OXNARD SCHOOL DISTRICT

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## OXNARD EDUCATORS ASSOCIATION (OEA)

### STEP 2: EMPLOYEE GRIEVANCE APPEAL FORM: ASSISTANT SUPERINTENDENT, HUMAN RESOURCES

1. NAME OF GRIEVANT \_\_\_\_\_
2. DATE GRIEVANCE FILED \_\_\_\_\_
3. WORK LOCATION/POSITION \_\_\_\_\_
4. DATE LEVEL 1 DECISION \_\_\_\_\_
5. LEVEL 1 DECISION \_\_\_\_\_
6. IMMEDIATE SUPERVISOR \_\_\_\_\_
7. STATEMENT OF GRIEVANCE (Include contract provision [s] allegedly violated; summarize violation, location, date[s], witness[es], times).  
A. GRIEVANT ALLEGES: \_\_\_\_\_  
\_\_\_\_\_  
B. REASON FOR APPEAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. REMEDY REQUESTED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. ASSOCIATION REPRESENTATIVE (If Applicable) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Distribution:  Assistant Superintendent, HR  Grievant  Supervisor/District Administrator  OEA President