



OXNARD SCHOOL DISTRICT

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CALIFORNIA SCHOOL EMPLOYEES' ASSOCIATION (CSEA)

LEVEL 2: EMPLOYEE GRIEVANCE APPEAL FORM: APPEAL FORM: ASSISTANT SUPERINTENDENT, HUMAN RESOURCES

1. NAME OF GRIEVANT: _____
2. DATE GRIEVANCE FILED: _____
3. WORK LOCATION/POSITION: _____
4. DATE OF LEVEL 1 DECISION: _____ LEVEL 1 DECISION: _____
5. ADMINISTRATOR ALLEGED TO HAVE VIOLATED THE CONTRACT: _____

6. STATEMENT OF GRIEVANCE (Include contract provision[s] allegedly violated; summarize violation, location, date[s], witness [es], times).
 - A. GRIEVANT ALLEGES: _____

 - B. REASON(S) FOR APPEAL: _____

7. REMEDY REQUESTED: _____

8. ASSOCIATION REPRESENTATIVE: (If applicable) _____

SIGNATURE: _____ DATE: _____

Distribution: Assistant Superintendent, HR Grievant Administrator CSEA President