CALIFORNIA MILITARY INSTITUTE Grievance No._____ 20____-20____

GRIEVANCE FORM – LEVEL II

Level II: If the grievant is not satisfied with the decision at Level I, within ten (10) days he/she may request mediation of the grievance. The mediator shall be appointed by the State Mediation and Conciliation Service.

Request for Mediation – This section must be completed by the grievant. Copy of Grievance Level I form must be attached. I hereby request mediation for the grievance outlined on the attachments.

UNION REPRESENTATIVE: _____ DATE: _____

EMPLOYEE: _____ JOB TITLE:_____

REASON FOR APPEAL:

REMEDY SOUGHT:

_____ _____

SIGNATURE DATE:

DATE RECEIVED: _____

MEDIATOR ASSIGNED:_____ MEDIATION DATE: _____