

NAPA VALLEY UNIFIED SCHOOL DISTRICT
GRIEVANCE FORM – LEVEL 1 CLASSIFIED STAFF

Note: Prerequisite Interest Based Problem Solving Worksheet

Section A – Employee completes and submits grievance (additional pages may be attached):

1. Employee's name: _____ Work Site: _____

2. Reason for Grievance, including date of occurrence and name(s) of administrator(s) involved:

3. Article and section of collective bargaining agreement employee believes has been violated:

4. Remedy employee seeks:

5. Please attach Interest based problem solving worksheet.

6. Employee signs below and submits the form to the Supervisor. (Employee should retain a copy)

Employee's Signature

Position/Grade Level

Date

Section B – Immediate Supervisor's Response: (Within 10 working days of receipt)

Supervisor's Signature

Position/School

Date

Section C – Employee acknowledges receipt of Immediate Supervisor's response by signing below:

Employee's Signature: _____ Date: _____

Final Distribution: *The supervisor retains 1 copy, gives 1 copy to the employee, sends 1 copy to the employee's association, and forwards the original to the Office of Employer-Employee Relations.*