

NAPA VALLEY UNIFIED SCHOOL DISTRICT
GRIEVANCE FORM – LEVEL 3 CLASSIFIED STAFF

Section A – Employee’s Appeal to Superintendent/Designee:

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

2. Reason for appeal (attach copy of Level 1 grievance) :

3. Remedy employee seeks:

4. Employee signs below and submits the form to Superintendent/Designee. (Employee should retain a copy)

Employee’s Signature

Position/Grade Level

Date

Section B – Superintendent’s/Designee’s Response: (within 10 working days of receipt)

Superintendent’s/designee’s Signature

Date

Section C – Acknowledgment of Receipt of Superintendent’s/Designee’s Response

Employee’s Signature: _____ Date: _____

Final Distribution: *The Superintendent/Designee 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.*