NAPA VALLEY UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM - LEVEL 2 CLASSIFIED STAFF

Section A - Employee's Appeal to the District Director/Administrator: (Within 10 working days of receiving Level 1 response)

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

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

_____

_____

_____

3. Remedy employee seeks: _____

_____

_____

_____

4. The employee signs below and submits the form to the District Director/Administrator. (Employee should retain a copy)

_____ _____ _____

Employee's Signature Position Date

Section B- Director/Administrator Response: (Within 10 working days of receipt, a copy is sent to the employee, the association, the Office of Employer-Employee Relations, and the Assistant Superintendent of Human Resources. A conference shall be held at the request of aggrieved person or Director/Administrator)

_____

_____

_____

District Director/Administrator's Signature _____ Date: _____

Section C - Acknowledgement of Receipt of District Director/Administrator's Response

Employee's Signature: _____ Date: _____

Final Distribution: The District Director/Administrator retains 1 copy, gives 1 copy to the employee, the association, the Office of Employer-Employee Relations, and the Assistant Superintendent of Human Resources