

Grievance FORM A
Part II of Support Staff Procedure for Adjusting Grievances

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| |
| I. General Information/Immediate Supervisor |
| |
| Name of Grievant: |
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| Name of School: |
| |
| Date Action Being Grieved Occurred: |
| |
| Description of Action Being Grieved: |
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| |
| Basis for Claim and Relief Sought: |
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| |
| <input type="checkbox"/> I request a meeting with the Principal. |
| |
| Grievant Signature and Date: |

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| II. Principal |
| |
| Date Received: |
| |
| Date of Meeting: |
| |
| Decision: |
| |
| |
| Principal Signature and Date: |
| |
| <input type="checkbox"/> I accept the Principal's decision and conclude my grievance. |
| |
| <input type="checkbox"/> I do not accept the Principal's decision and advance my grievance to Step III. |
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| Grievant's Signature and Date: |

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| III. Superintendent |
| |
| Date Received: |
| |
| Date of Meeting: |
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| Decision: |
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| Superintendent's Signature and Date: |
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| <input type="checkbox"/> I accept the Superintendent's decision and conclude my grievance. |
| |
| <input type="checkbox"/> I do not accept the Superintendent's decision and advance my grievance to Step IV by submitting this Form to the Superintendent. |
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| Grievant's Signature and Date: |

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| IV. School Board |
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| Date Received: |
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| Date of Hearing (if any): |
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| School Board Decision: |
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| Signature of School Board Chair and Date: |

Form B
Notice of Dismissal or Probation

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| Name of Employee: |
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| Name of School or Work Location: |
| |
| Date: |
| |
| Check one only: |
| |
| <input type="checkbox"/> The superintendent has recommended that you be dismissed from your position effective _____. |
| |
| <input type="checkbox"/> The superintendent has recommended that you be placed on probation effective _____ until _____. |
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| At your request, reasons for this recommendation will be provided to you in writing or in a personal interview. |
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| You have 15 days from the receipt of this form to initiate a grievance. Enclosed is a copy of the Procedure for Adjusting Grievances for Support Staff and Grievance Form C. |
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| Signature of Superintendent: |

Form C
Part III of the Procedure for Adjusting Grievances of Support Staff

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| I. General Information |
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| Name of Grievant: |
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| Name of School: |
| |
| Date Action Being Grieved Occurred: |
| |
| Description of Action Being Grieved: |
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| Basis for Claim and Relief Sought: |
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| |
| <input type="checkbox"/> I request a meeting with the Superintendent. |
| |
| <input type="checkbox"/> I waive my right to a meeting with the Superintendent and request a hearing before the School Board. |
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| Grievant Signature and Date: |

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| II. Superintendent |
| |
| Date Received: |
| |
| Date of Meeting: |
| |
| Decision: |
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| Superintendent Signature and Date: |
| |
| <input type="checkbox"/> I accept the Superintendent's decision and conclude my grievance. |
| |
| <input type="checkbox"/> I appeal the Superintendent's decision to the School Board. |

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| III. School Board |
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| Date Received by Superintendent: |
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| Date of Hearing: |
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| School Board Decision: |
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| Signature of School Board Chair and Date: |

Adopted: August 10, 1998
Amended: July 20, 2009
Amended: July 12, 2010

Cross Refs.: GBMA Support Staff Grievances
GBMA-R Support Staff Grievances