

GRIEVANCE REPORT

GRIEVANCE NO. _____

LEVEL 1

A. 1. Name of Grievant _____
 Date Filed _____ Date Disposition Due _____
 Work Site of Grievant _____

2. Date the Grievance Occurred _____

B. 1. Descriptive statement of the grievance (including provisions of agreement being grieved) _____

2. Relief Sought _____
 Signature of Grievant _____ Date _____

C. Disposition by Immediate Supervisor _____

D. Signature of Immediate Supervisor _____ Date _____
 Position of Grievant/Association _____

 Signature of Grievant _____ Date _____

LEVEL 2

A. Date Received by Asst. Superintendent, Personnel _____

B. Date Disposition Due _____
 Signature _____ Date _____

C. Position of Grievant/Association _____
 Signature of Grievant _____ Date _____

LEVEL 3

A. Date received by Superintendent _____ Date Disposition Due _____

B. Disposition by Superintendent _____
 Signature _____ Date _____

C. Position of Grievant/Association _____
 Signature of Grievant _____ Date _____

LEVEL 4 - ARBITRATION

A. Date Submitted to Arbitration _____

B. Recommendation by Arbitrator _____
 Signature of Arbitrator _____ Date _____

(Add more sheets if additional space is necessary)

Distribution: (1) Grievant, (2) Supervisor, (3) GGPPSA, (4) OPS