

GRIEVANCE FORM
(A7/1/86; R3/8/01;A6/12/01;R2/24/09;R10/1/09;10/9/09)

DIRECTIONS: Aggrieved party must submit this form with all items completed.

I. Individual Submitting Grievance (Aggrieved):

Name: _____ Date: _____

Position/Assignment: _____ School/work Site: _____

Date and Time of Occurrence: _____ Place of Occurrence: _____

Alleged Event and Existing Conditions(attach additional paper if needed): _____

Individual(s) Against Whom The Grievance Is Directed:

Name: _____

Position/Assignment: _____ School/Work Site: _____

Redress Sought By the Aggrieved:(attach additional paper as needed.) _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date Received: _____

(Copy to Aggrieved Party)

Record of Hearings/Meetings

Stage 1----AFT

Stage 2----AFT

STEP ONE
(Dates)

STEP TWO
(Dates)

STEP THREE
(Dates)

STEP FOUR
(Dates)

Hearing Date: _____

Appeal Date: _____

Appeal Date: _____

Appeal Date: _____

Decision Date: _____

Hearing Date: _____

Hearing Date: _____

Board /Arbitration Review

Received by: _____

Decision Date: _____

Decision Date: _____

Date: _____

Date: _____

Received by: _____

Received by: _____

Written Disposition:

Date: _____

Date: _____

Date: _____

II. STEP ONE - - Record of Hearing/Meeting

Meeting Date:_____ Decision Date:_____

Participants:_____

Response By:_____ Date_____

Signature

Response:_____

Resolved Satisfactorily_____ Date_____ Signature of Aggrieved_____

Not Resolved Satisfactorily_____ Date_____ Signature of Aggrieved_____

If resolution is unsatisfactory you have 5 work days to submit an appeal to_____.
Associate Supt. HR or (Designated Administrator)

Note: Supervisor must deliver file to Designated District Administrator.

III. STEP TWO - - Record of Hearing/Meeting

Meeting Date:_____ Decision Date:_____

Participants:_____

Response By:_____ Date_____

Signature

Response:_____

Resolved Satisfactorily_____ Date_____ Signature of Aggrieved_____

Not Resolved Satisfactorily_____ Date_____ Signature of Aggrieved_____

If resolution is unsatisfactory you have 5 work days to submit an appeal to_____.
(Superintendent/Designee)

Note: District Administrator must deliver file to Associate Supt. for Human Resources.

IV. STEP THREE - - Record of Hearing/Meeting

Meeting Date: _____ Decision Date: _____

Participants: _____

Response By: _____ Date _____
Signature

Response: _____

Resolved Satisfactorily _____
Date Signature of Aggrieved

Not Resolved Satisfactorily _____
Date Signature of Aggrieved

If resolution is unsatisfactory, Non-Bargaining Members have 5 work days to submit an appeal to the GISD School Board through the Superintendent or Designee.

AFT—Stage 2- 5.1

If resolution is unsatisfactory Federation may submit the grievance to arbitration by simultaneously notifying the Superintendent and the Federal Mediation and (FMCS) in writing of the Federation’s intent to arbitrate the matter. The written intent shall be filed no later than ten (10) days following receipt of the Superintendent’s written grievance response.

Note: Associate Supt. for Human Resources must deliver file to Superintendent on behalf of the School Board.

IV. STEP FOUR—Record of Hearing/Meeting

Meeting Date: _____ **Final Decision Date** _____

Participants: _____

Response By: _____ Date: _____
Signature

School Board Response/AFT Local 4212 Response: _____

Board President

Board Secretary

AFT Local 4212 President

AFT Local 4212 Secretary