

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

STEP ONE (Dates)	STEP TWO (Dates)
Hearing Date: _____	Appeal Date: _____
Decision Date: _____	Hearing Date: _____
Received by: _____	Decision Date: _____
Date: _____	Received by: _____
	Date: _____

Stage 2---AFT

STEP THREE (Dates)	STEP FOUR (Dates)
Appeal Date: _____	Appeal Date: _____
Hearing Date: _____	Board /Arbitration Review
Decision Date: _____	Date: _____
Received by: _____	Written Disposition:
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)
(Assoc. Supt. For Human Resources)

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** you 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