

APPENDIX F

ORANGE UNIFIED SCHOOL DISTRICT

Name of Grievant

Grievance Number

Position of Grievant in District

Work Location of Grievant

General Directions: Each section of this form is to be completed by the appropriate person. If additional space is needed, or if pertinent documents are to be considered as part of the grievance, attachments to this form should be made. Each party is responsible for making and keeping photostatic copies of this document which is to be considered as original.

LEVEL I

(1) Provision(s) of Agreement in Dispute: _____

(2) Statement of Grievance: _____

(3) Remedy Sought: _____

Signature of Grievant

Date of Filing of Grievance

(4) _____
Date Received by Immediate Supervisor

Date Conference Held (if any)

(5) Response of Immediate Supervisor: _____

Signature of Supervisor

Date of Response

Signature of Grievant

Date of Receipt of Level I Response

LEVEL II

(1) _____
Signature of Grievant Signifying
Appeal of Level I Decision

Date of Submission of Appeal

(2) _____
Date Received by Superintendent or
Designee

Date Conference Held (if any)