

**WASHOE COUNTY SCHOOL DISTRICT
Human Resources Division**

EDUCATION SUPPORT PROFESSIONAL GRIEVANCE FORM

Name (Please Print) Grievant's Signature Date Filed

School Location Position On Behalf of the Assn. Date Received

TIME LIMIT

MONTH/DAY/YEAR

On what date did you become aware of the act or condition on which this grievance is based?

LEVEL ONE: SUPERVISOR

On what date(s) did you meet and discuss this grievance with your administrative supervisor? This is considered the **Informal Level** of the grievance procedure and must be adhered to prior to filing a grievance at the Formal Level on this form.

On what date did you notice your administrative supervisor you were going to file a grievance?

a. Grievant's Statement

On page 3 or on an attached page, state the nature of the grievance including the alleged violation, misinterpretation, or inequitable application of a specific provision of this Agreement (the specific Article of the Agreement must be listed). Also state the relief you are seeking.

b. Administrative Supervisor Decision

Date grievance received:

Date decision rendered (must be within ten (10) working days after meeting).

c. Grievant's Response

Please sign and date below if Level One decision is acceptable.

Signature

LEVEL TWO: DEPARTMENT HEAD

MONTH/DAY/YEAR

a. Grievant's Appeal

_____ Please initial here and forward to the Labor Relations Manager if you wish to appeal to the Superintendent Level. Attach written response, if desired. Please enter the date this appeal is provided to the Human Resources Department:

Signature

b. Department Head Decision

Date grievance received:

Date decision rendered (must be within ten (10) working days after meeting):

c. Grievant's Response

Please sign and date below if Level Two decision is acceptable.

Signature

LEVEL THREE: SUPERINTENDENT/DESIGNEE

a. Grievant's Appeal

_____ Please initial here and forward to the Labor Relations Manager if you wish to appeal to the Superintendent Level. Your appeal **MUST** be filed within five (5) working days after receipt of the decision from the department head at Level Two. Attach written response, if desired. Please enter the date this appeal is provided to the Human Resources Department:

Signature

b. Superintendent/Designee's Decision

MONTH/DAY/YEAR

Date grievance received:

Date decision rendered (must be within fifteen (15) working days after the hearing date):

c. Grievant's Response

Please sign and date below if Level Three decision is acceptable.

Signature

LEVEL FOUR: ARBITRATION

a. Grievant's/Association's Appeal

_____ Please initial here and forward to the Labor Relations Manager if you wish to appeal to an Arbitrator. Your appeal **MUST** be filed within fifteen (15) working days after receipt of the decision from Level Three. Attach written response, if desired. Your appeal will be scheduled with an Arbitrator. Please enter the date this appeal is provided to Human Resources:

Signature

Signature of Associate Representative

TEXT:

Lined area for handwritten notes or calculations.