

WASHOE COUNTY SCHOOL DISTRICT
Human Resources Division

CERTIFICATED GRIEVANCE FORM

_____	_____	_____	_____
Grievance #	Name (Please Print or Type)	School/Location	Assignment
_____	____/____/____	_____	____/____/____
WCSD #	Date Filed	Grievant's Signature	On Behalf of the Association Date Received

TIME LIMIT

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

_____ / _____ / _____

On what date(s) did you meet and discuss this grievance with your supervisor?

_____ / _____ / _____

Did you advise your principal/supervisor as to the nature of the problem, in writing, prior to the above meeting?

_____ Yes _____ No

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

_____ / _____ / _____

LEVEL ONE: SUPERVISOR

A. Grievant's Statement

On an attached page, please state the alleged: 1) violation, 2) misinterpretation, or 3) inequitable application of the Negotiated Agreement (state the specific provision(s) of the Agreement). **Also, please state the relief you are seeking.**

Have you distributed copies to the Association, appropriate Area Superintendent, and the Chief Human Resources Officer?

_____ Yes _____ No

B. Principal's/Supervisor's Decision

Within five (5) working days of receipt (enter date at right), the Principal/Supervisor must provide his/her decision and the reasons therefore. Please attach a copy of the decision to this form.

_____ / _____ / _____

Please enter date decision is rendered:

_____ / _____ / _____

C. Grievant's Response

Please sign and date below if Level One decision is acceptable. Return to the Chief Human Resources Officer.

_____ / _____ / _____

Grievant's Signature

*If an employee does not file a grievance in writing as provided herein within fifteen (15) days after he/she knew of or should have known of the act or condition on which the grievance is based, then the grievance shall be waived. (WCSD/WEA Negotiated Agreement Section 12.4.3)

LEVEL TWO: AREA SUPERINTENDENT

A. Grievant's Appeal

_____ Please initial here and forward to the appropriate Area Superintendent and the Chief Human Resources Officer if you wish to have the Area Superintendent review and render a decision.

Please enter the date you are filing the grievance with the Area Superintendent: _____/_____/_____

B. Central Administration Decision

Within ten (10) working days of receipt (enter date at right), the Area Superintendent must provide his/her decision and the reasons therefore. Please attach a copy of the decision to this form.

_____/_____/_____

Please enter date decision is rendered: _____/_____/_____

C. Grievant's Response

Please sign and date below if Level Two decision is acceptable. Return to the Chief Human Resources Officer.

Grievant's Signature _____/_____/_____

LEVEL THREE: SUPERINTENDENT/DESIGNEE

A. Grievant's Appeal

_____ Please initial here and forward to the Chief Human Resources Officer if you wish to appeal this grievance to the Superintendent/Designee. You must file an appeal within five (5) working days of the decision by the Area Superintendent or within ten (10) working days of filing with the Area Superintendent, if no decision has been rendered.

Please enter the date this appeal is provided to the Chief Human Resources Officer, Human Resources: _____/_____/_____

B. Superintendent/Designee Decision

A hearing must be held within eight (8) working days of receipt of this appeal.

Date appeal was received: _____/_____/_____

Hearing date: _____/_____/_____

A decision must be rendered within five (5) days after the hearing date or ten (10) days if filed by the Association at Level Three. Please attach a copy of the decision to this form.

Date decision rendered: _____/_____/_____