

CONFIDENTIAL
HESPERIA TEACHERS' ASSOCIATION/HESPERIA UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM – LEVEL ONE-FILE WITHIN 30 DAYS OF ACTION

SUBMISSION OF COMPLAINT S All of this section must be completed by the grievant.

Grievant's Name:

_____ **Site:** _____

Statement of Grievance:

Specific provision(s) of the contract agreement alleged to have been violated (cite article number(s) and section(s):

Remedy Sought:

Signature of Grievant _____ **Date** _____

Signature of H.T.A. President _____ **Date** _____

APPROPRIATE ADMINISTRATOR'S RESPONSE WITHIN 15 DAYS AFTER RECEIVING THIS DOCUMENT:

Signature _____

Date _____

Revised 4/2011

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GRIEVANCE FORM-LEVEL TWO-FILE WITHIN 15 DAYS OF RECEIPT OF DECISION

APPEAL TO THE SUPERINTENDENT- All of this section must be completed by the grievant. Level One must be attached.

Grievant's Name: _____ **Site:** _____

Reason for Appeal:

Remedy Sought:

Signature of Grievant _____ **Date** _____

Signature of H.T.A. President _____ **Date** _____

SUPERINTENDENT RESPONSE WITHIN 15 DAYS:

Signature _____ **Date** _____

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GRIEVANCE FORM-LEVEL THREE-FILE WITHIN 15 DAYS OF RECEIPT OF SUPERINTENDENT'S DECISION

SUBMISSION TO SCHOOL BOARD

Level One and Level Two must be attached.

Grievant's Name:

_____ Site _____

Reason for Request

Remedy Sought:

Signature of Grievant _____ Date _____

Signature of H.T.A. President _____ Date _____

CONFIRMATION OF SCHOOL BOARD HEARING—10 DAYS IN ADVANCE OF HEARING

DATE OF HEARING _____ TIME: _____

LOCATION: _____

Signature of Superintendent: _____ Date _____

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GRIEVANCE FORM - LEVEL FOUR--10 DAYS AFTER RECEIPT OF SCHOOL BOARD DECISION

REQUEST FOR MEDIATION FROM CALIFORNIA/CONCILIATION SERVICE

Grievant's Name _____ Site _____

Reason for Request from the California/Conciliation Service:

Signature of Grievant _____ Date _____

Signature of H.T.A. President _____ Date _____

CONFIRMATION OF GRIEVANT'S APPEAL TO THE CALIFORNIA STATE MEDIATION/CONCILIATION SERVICE

Date: _____ Time: _____ Location: _____

Signature of Superintendent: _____ Date _____

If not resolved, may be terminated within 10 days from the first meeting to be held

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GRIEVANCE FORM - LEVEL FIVE - FILE WITHIN 10 DAYS OF DECISION

DEMAND TO ARBITRATE WITH THE AMERICAN ARBITRATION ASSOCIATION

Name of Grievant _____ **Site** _____

Reason for Demand to Arbitrate

Remedy sought

Signature _____ **Date** _____

Signature _____ **Date** _____

Revised 4/2011