

STATEMENT OF GRIEVANCE

EXHIBIT B

EMPLOYEE NAME: _____

COLLEGE: _____ DEPARTMENT: _____

DATE OF ALLEGED GRIEVANCE: _____

DATE OF INFORMAL DISCUSSION: _____

DATE OF ORAL RESPONSE: _____

DATE OF FILING OF THIS STATEMENT: _____

SPECIFIC ARTICLES AND SECTION ALLEGED TO HAVE BEEN VIOLATED: _____

EMPLOYEE'S STATEMENT OF ALLEGED VIOLATION AND GRIEVANCE. WHAT IS THE FACTUAL CONTENTION? WHAT HAS OCCURRED? PROVIDE FULL FACTS NECESSARY TO SUPPORT YOUR POSITION AND THE NAMES OF ANY WITNESSES: _____

STATE FULL RELIEF, REMEDY, ACTION, YOU BELIEVE IS REQUIRED TO RESOLVE THIS ALLEGED GRIEVANCE: _____

I. IMMEDIATE SUPERVISOR, RESPONSE TO ALLEGED GRIEVANCE: _____

DATE OF RECEIPT: _____ DATE OF RESPONSE: _____

GRIEVANCE RESOLVED: _____ GRIEVANCE DENIED: _____

II. DEAN/DESIGNEE, RESPONSE TO ALLEGED GRIEVANCE: _____

DATE OF RECEIPT: _____ DATE OF RESPONSE: _____

GRIEVANCE RESOLVED: _____ GRIEVANCE DENIED: _____

III. VICE PRESIDENT/DESIGNEE, RESPONSE TO ALLEGED GRIEVANCE: _____

DATE OF RECEIPT: _____ DATE OF RESPONSE: _____

GRIEVANCE RESOLVED: _____ GRIEVANCE DENIED: _____

IV. SUPERINTENDENT/PRESIDENT/DESIGNEE, RESPONSE TO ALLEGED GRIEVANCE:

DATE OF RECEIPT: _____ DATE OF RESPONSE: _____

GRIEVANCE RESOLVED: _____ GRIEVANCE DENIED: _____

V. REQUEST FOR BINDING ARBITRATION RECEIVED: _____

DATE: _____

NOTES:

1. Attach all responses to this form at all levels.
2. Maintain two (2) copies—one for employee, one for District.
3. Time is of the essence at every step.