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: __________________

____________________________________

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____________________________________

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

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I. IMMEDIATE SUPERVISOR, RESPONSE TO ALLEGED GRIEVANCE: __________________

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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.