

Folsom Cordova Education Association / Folsom Cordova Unified School District
GRIEVANCE FORM

STEP 1 — This form must be completed and submitted to the grievant's immediate supervisor within ten (10) working days after the informal conference.

Grievant's Name _____ Date _____
Work Site _____ Position _____

Article and paragraph number of contract being grieved _____

Statement of Grievance (include a clear, concise statement of the grievance, the circumstances involved, the specific contract provisions violated, the date the alleged violation occurred, and a description of the adverse effect)

Witnesses to the violation _____

Date of informal conference between grievant and supervisor _____

Statement of decision rendered at the informal conference

Specific remedy desired

Grievant's signature _____ Date submitted to supervisor _____
Conferee's signature _____ Position _____
Supervisor's signature _____ Date and time received _____

Grievant shall make and keep one copy and forward original and three other copies to immediate supervisor.

Immediate supervisor's response

The immediate supervisor shall communicate his/her response to the employee in writing within ten (10) working days after receiving the formal grievance. Upon completion of this section, immediate supervisor shall retain original, return one copy to grievant; forward one copy to the exclusive representative (FCEA), and forward a copy to the Assistant Superintendent of Employer-Employee Relations.

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STEP 2 – This form must be completed and submitted to the District Superintendent or designee within ten (10) working days from the date the formal written decision rendered by the immediate supervisor in Step 1 was received. (Attach copy of Step 1 Grievance form.)

Grievant's Name _____ Date form is submitted _____

Appeal to the office of the superintendent – All portions of this section must be completed by the grievant.

Reason for appeal

Specific remedy desired

Grievant's signature _____ Date submitted to supervisor _____

Conferee's signature _____ Position _____

Grievant shall make and retain one copy and forward original and three copies to the Assistant Superintendent of Employer-Employee Relations.

The superintendent or designee shall communicate his/her decision within ten (10) working days after receiving the appeal. Either the grievant or grievance officer may request a personal conference within the above time limits.

Response of the Superintendent or designee

Signature _____ Date _____

Upon completion of this section, the Assistant Superintendent of Employer-Employee Relations shall retain the original, forward one copy of this form to the grievant and forward one copy of this form to the exclusive representative (FCEA).

