CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION (CSEA)

LEVEL 1: EMPLOYEE GRIEVANCE FORM

1. NAME OF GRIEVANT________________________________________________________

2. DATE GRIEVANCE FILED__________________________________________________

3. WORK LOCATION__________________________________________________________

4. POSITION______________________________________________________________

5. ADMINISTRATOR ALLEGED TO HAVE VIOLATED THE CONTRACT________________

6. STATEMENT OF GRIEVANCE (Include contract provision[s] allegedly violated;
summarize violation, location, date[s], witness [es], times).

GRIEVANT ALLEGES: __________________________________________________________

________________________________________________________

________________________________________________________

7. REMEDY REQUESTED_____________________________________________________

________________________________________________________

8. WAS THERE AN INFORMAL CONFERENCE? YES ☐ DATE________________________

PERSON(S) PRESENT:________________________________________________________

DECISION OF INFORMAL CONFERENCE________________________________________

IF NO ☐, INDICATE REASON____________________________________________________

9. ASSOCIATION REPRESENTATIVE (If Applicable)_______________________________

SIGNATURE________________________________________________ DATE____________

Distribution: ☐ Assistant Superintendent, HR ☐ Grievant ☐ Administrator ☐ CSEA President

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