CALIFORNIA SCHOOL EMPLOYEE ASSOCIATION (CSEA)

LEVEL 3: EMPLOYEE GRIEVANCE APPEAL FORM: SUPERINTENDENT

1. NAME OF GRIEVANT__________________________________________________________

2. DATE GRIEVANCE FILED_____________________________________________________

3. WORK LOCATION/POSITION___________________________________________________

4. DATE LEVEL 2 DECISION_____________________________________________________

5. LEVEL 2 DECISION___________________________________________________________

6. DISTRICT ADMINISTRATOR ALLEGED TO HAVE VIOLATED THE CONTRACT____

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

   A. GRIEVANT ALLEGES: _______________________________________________________

   B. REASON FOR APPEAL_______________________________________________________

7. REMEDY REQUESTED________________________________________________________

8. ASSOCIATION REPRESENTATIVE (If Applicable)___________________________________

SIGNATURE________________________________________ DATE__________________

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

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