LEVEL 5: EMPLOYEE GRIEVANCE APPEAL FORM: REQUEST FOR ARBITRATION

1. NAME OF GRIEVANT_____________________________________________________

2. DATE GRIEVANCE FILED_________________________________________________

3. WORK LOCATION/POSITION______________________________________________

4. DATE LEVEL 4 MEDIATION DECISION_____________________________________

5. LEVEL 4 MEDIATION 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 REQUEST FOR ARBITRATION_____________________________________

   _______________________________________________________________________

7. REMEDY REQUESTED_____________________________________________________

   _______________________________________________________________________

8. ASSOCIATION REPRESENTATIVE (If Applicable)______________________________

SIGNATURE_________________________________________ DATE________________

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

rev. 12/5/08: sg