

OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org



OXNARD SUPPORTIVE SERVICES ASSOCIATION (OSSA)

LEVEL 3: EMPLOYEE GRIEVANCE APPEAL FORM: SUPERINTENDENT

1. NAME OF GRIEVANT: _____
2. DATE GRIEVANCE FILED: _____
3. WORK LOCATION/POSITION: _____
4. DATE OF 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: _____

8. REMEDY REQUESTED: _____

9. ASSOCIATION REPRESENTATIVE (If Applicable): _____

SIGNATURE _____ DATE _____

Distribution: Assistant Superintendent, HR Grievant Supervisor/District Administrator