

OXNARD SCHOOL DISTRICT

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OXNARD SUPPORTIVE SERVICES ASSOCIATION (OSSA)

LEVEL 3: SUPERINTENDENT'S GRIEVANCE RESPONSE

1. NAME OF GRIEVANT: _____

2. DATE GRIEVANCE FILED: _____

3. STATEMENT OF GRIEVANCE: (Include contract provision[s] allegedly violated).

GRIEVANT ALLEGES: _____

4. GRIEVANCE DENIED (Summarize reasons) _____

5. GRIEVANCE SUSTAINED _____

6. IF GRIEVANCE SUSTAINED, STATE REMEDY: _____

7. WAS THERE A PERSONAL CONFERENCE? YES DATE _____

PERSONS PRESENT: _____

IF NO, INDICATE REASON: _____

SIGNATURE _____ DATE _____

Distribution: Assistant Superintendent, HR Grievant Supervisor/District Administrator