

# OXNARD SCHOOL DISTRICT

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## OXNARD SUPPORTIVE SERVICES ASSOCIATION (OSSA)

### LEVEL 4: EMPLOYEE GRIEVANCE APPEAL FORM: REQUEST FOR MEDIATION

1. NAME OF GRIEVANT: \_\_\_\_\_
2. DATE GRIEVANCE FILED: \_\_\_\_\_
3. WORK LOCATION/POSITION: \_\_\_\_\_
4. DATE LEVEL 3 DECISION: \_\_\_\_\_
5. LEVEL 3 DECISION: \_\_\_\_\_
6. SUPERVISOR/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 MEDIATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. REMEDY REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. ASSOCIATION REPRESENTATIVE: (If Applicable) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Distribution:  Assistant Superintendent, HR     Grievant     Supervisor/District Administrator