



OXNARD SCHOOL DISTRICT

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OXNARD SUPPORTIVE SERVICES ASSOCIATION (OSSA)

LEVEL 2: ASSISTANT SUPERINTENDENT, HUMAN RESOURCES 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