



OXNARD SCHOOL DISTRICT

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

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 _____

7. REMEDY REQUESTED _____

8. ASSOCIATION REPRESENTATIVE (If Applicable) _____

SIGNATURE _____ DATE _____

Distribution: Assistant Superintendent, HR Grievant Supervisor/District Administrator OSSA President