



GRIEVANCE FORM

Check Appropriate Box:

Informal

Formal

Employee Name: Bargaining Unit: EA ES MMA

Employee ID # (Badge): Job Classification:

Work Unit: Unit Manager:

Contact #:

Work E-mail Address:

1. Specific Nature of the grievance:
2. The name of the person(s) responsible for the act indicated in item 1 above:
3. The times/places of occurrence(s):
4. The MOU section, District policy, rule, law or regulation alleged to have been violated, improperly interpreted, or misapplied (please be specific):
5. The facts supporting this are (use attachments if necessary):
6. Consideration given or previous steps taken to reach informal resolution (if applicable):
7. The resolution I want is (use attachments if necessary):
8. Name of assigned B/U representative (if any):
9. Name of non – B/U designated representative* (if any):

** Non- B/U designated representatives are not eligible for compensated release time; such time spent for purposes of discussing or investigating a grievance with an employee or representing an employee in a meeting with District representatives will be charged to the non – B/U designated representative's own leave accrual balance.*

Employee Signature: _____ Date Filed: _____

CC: (Appropriate District Representative); Bargaining Unit President; VP Grievance; Assigned B/U Representative; Labor Relations Unit;

