

EXAMPLE

Grievance Number LEVEL 3 ONLY - Get Grievance Number at LEVEL 3
Association for Number

MORENO VALLEY UNIFIED SCHOOL DISTRICT CERTIFICATED GRIEVANCE FORM -- Level 1 and 2

A grievance is a claim by an employee that an express term of the Certificated Employees Collective Bargaining Agreement has been violated by the District and that, because of such violation, an employee's rights have been adversely affected.

Before submitting a written grievance, the grievant shall first have a conference with the employee's immediate supervisor to present the grievance orally and to attempt to resolve it informally.

If the attempt at informal resolution is not successful, the grievance shall be reduced to writing using this form which must be submitted to the employee's immediate supervisor within 20 working days of the claimed violation. The administrator shall answer the grievance in writing within 10 working days.

Employee Name: Your Name Work Location: Site Name

Date of Grievance: Date First Noticed Grievance Date Filed: Level I- Informal Notification

Statement of Grievance: What is the grievance. (Example: Over in contractual class size numbers.)

Specific Sections and Terms of Agreement Violated: List the specific Contract Article Violated (Example: ARTICLE XIII - Class Size Section 2 (a) ()

Remedy Sought: List the remedy you want. (Example: If you want your class size to contractual numbers - Reduce class size to contractual limit. If you want to be paid for overages - Reduce to contractual limits or pay for class size overages)

Signature of Grievant: You (MEMBER) sign here Date: Date you sign

LEVEL ONE: INFORMAL CONFERENCE

Name of Supervisor: Write name of Admin Date of Conference: Date of Informal notification

LEVEL TWO: IMMEDIATE SUPERVISOR

Supervisor Signature: Administrator Signs after 10 days Date: Date Admin Signs

Immediate Supervisor's Decision: Administrator writes out decision

Grievance Resolved: If grievance resolved, mark here Decision Appealed: If appeal Decision, mark here

Signature of Grievant: Sign your name Date: Date you sign

RECORD COPY - ATTACH TO LEVEL 3, 4, 5 FORM IF GRIEVANCE IS NOT RESOLVED.
ASSOCIATION COPY - DETACH AND MAIL AFTER LEVEL 2
GRIEVANT COPY - DETACH AFTER LEVEL 2

LEVEL I - No Signature Needed.
You have 10 days to give them
grievance to start LEVEL II

LEVEL II - Admin has 10 days to
resolve grievance. Need Admin and
member signature at end of 10 days.

Bring your grievance to MVEA Office to get your Grievance Number. You will take the Grievance and copies (3) to HR and get them all TIME/DATE Stamped. RETURN one of the copies to the MVEA Office.

Grievance Number BRING Grievance to MVEA Office for Number
Call Association for Number

**MORENO VALLEY UNIFIED SCHOOL DISTRICT
CERTIFICATED GRIEVANCE FORM – Level 3, 4, 5**

LEVEL THREE: SUPERINTENDENT
(Submit within 10 days of Level Two decision)

DO NOT EMAIL the District Office / Superintendent with the LEVEL III Grievance

Superintendent's Signature: _____ Date received: _____

Superintendent's Decision: _____

Grievance Resolved: _____ Decision Appealed: _____

Signature of Grievant: _____ Date: _____

If Level Three decision is appealed, submit immediately to MV Caucus, V.P.

LEVEL FOUR: MEDIATION BY ASSOCIATION
(Submit within 10 days of Level Three decision)

Date of Request for Mediation: _____

Date of Request for Mediator Submitted to CSCS _____
(Submit within 5 days of request for mediation)

Decision of Mediator: _____

Grievance Resolved: _____ Decision Appealed: _____

Signature of Grievant: _____ Date: _____

LEVEL FIVE: ARBITRATION
(Submit within 10 days of Level Four decision)

Date of Request for Mediation: _____

Name of Arbitrator agreed to _____

Decision of Arbitrator: _____
