APPENDIX C.1
JOINT GRIEVANCE FORM BETWEEN
SPRINGFIELD EDUCATION ASSOCIATION AND
SPRINGFIELD SCHOOL DISTRICT 186

INITIATION OF LEVEL II GRIEVANCE

Name of aggrieved part ______________________________________________________

Date of occurrence of grievable event _________________________________________

Date this form is submitted to immediate supervisor ____________________________

This grievance is based on an alleged violation of the following Section(s) of the Agreement

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Description of the grievance (Be complete and specific. Use the back of this form if necessary.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Remedy Requested: (Use back of this form if necessary.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Discussion held on (date) ___________________________________________________

Aggrieved Party's Signature ________________________________

Immediate Supervisor's Signature ________________________________

Copies: Grievant
        Immediate Supervisor
        Superintendent/Designee
        SEA Association Representative
        SEA President
        SEA Grievance Chairperson