

APPENDIX A – GRIEVANCE FORM

Jefferson County Schools

Step # _____

Grievant Name _____

School / Work Site _____

Work Assignment _____

Home Address _____

(Apt. /Street / Box Number)

(City)

(Zip)

Home Phone _____ Date of Grievance Cause _____

Specific area(s) of Contract Violated _____

Statement of Grievance _____

Relief Sought _____

(Attach additional items or statements as needed if this space is insufficient.)

(Signature of Grievant)

(Date)

(Signature of Association Representative – optional)

(Date)

Disposition / decision of Immediate Supervisor, Committee, or Director of Schools _____

(Attach additional items or statements as needed if this space is insufficient.)

(Signature of Supervisor / Director)

(Date)

1 copy to Immediate Supervisor

1 copy to Grievant