



# EMPLOYEE RELATIONS OFFICE TEACHER UNIT GRIEVANCE FORM

K-12

CDC/HS

## STEP 2

Employee Name: \_\_\_\_\_ Work Location: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Appeal of Step 1 Grievance: All portions of this section must be completed by the grievant. A copy of completed Grievance Form – Step 1 must be attached.

Reason for appeal of Step 1 response:

---

---

---

Amended remedy sought if different from Step 1:

---

---

---

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Conference requested (check one):

Yes

No

Upon completion of this section, grievant shall present original to the Employee Relations Office. A copy may be retained by grievant.

Response of Superintendent or Designee:

---

---

---

---

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Upon completion of this section, respondent shall retain a copy and make the following distribution:  
Original and attachments to Grievant  
One copy to Step 1 respondent  
One copy to Employee Relations Office  
One copy to TALB