



TEACHERS UNIT GRIEVANCE FORM

**STEP 1**

All portions of this section must be completed by the grievant.

Employee Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Statement of alleged grievance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific contract provision on which grievance is based (cite article and section):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy sought: 1) All such remedies as are reasonable and appropriate.

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Conference requested (check one):  Yes  No

Upon completion of this section, grievant shall present this form to the immediate manager for response.

Informal Conference Date: \_\_\_\_\_

Response of Immediate Manager: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Upon completion of this section, responding manager will retain one copy and make the following distribution:

- Original to Grievant
- One copy to Employee Relations
- One copy to TALB