



EMPLOYEE RELATIONS OFFICE

K-12

TEACHER UNIT GRIEVANCE FORM

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.
Upon complete of this section grievant shall present original to the Employee Relations Office.
A copy may be kept by the 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