**Appendix C**

**SCHOOL BOARD OF LEON COUNTY/ LEON CLASSROOM TEACHERS ASSOCIATION**

**STEP 1 GRIEVANCE FORM**

NAME OF GRIEVANT:

WORK SITE ADDRESS:

HOME ADDRESS:

OFFICE PHONE:

HOME PHONE:

STEP 1 GRIEVANCE REPRESENTATIVE (if Grievant is represented by LCTA or other representative at Step 1, please provide the representative’s name, mailing address, and phone number.)

GRIEVANCE REPRESENTATIVE’S NAME:

MAILING ADDRESS:

PHONE:

A. Date cause of grievance occurred:

B. Provisions of Contract allegedly violated (specify Article(s) and Sections of Contract):

C. Statement of Grievance:

D. Relief Sought:

Signature of Grievant Date Filed with Supervisor

E. I UNDERSTAND THAT THE PROVISIONS OF SECTION 6.03 OF THE LCTA-LEON SCHOOL BOARD COLLECTIVE BARGAINING CONTRACT GOVERN SIMULTANEOUS PROCESSING OF DISPUTES THROUGH THE GRIEVANCE PROCEDURE AND IN OTHER FORUMS AND MAY AFFECT THE PROCESSING OF THIS GRIEVANCE IF I CHOOSE TO PURSUE THIS DISPUTE THROUGH ANOTHER ADMINISTRATIVE OR JUDICIAL PROCEDURE.

F. Decision of Immediate Supervisor

Signature of Supervisor Date:

Copies: The Step 1 Decision shall be provided to the Grievant by personal delivery or mail (return receipt requested). A copy shall be provided to the Grievant’s Representative and to the Director of Labor Relations. If Grievant is not represented by LCTA, a copy shall also be provided to the LCTA Site Representative. ***RECEIPT OF GRIEVANCE FORM***

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Grievance Number Date Received Signature of Receiving Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Distribution:

Grievant: 2 copies

Immediate Supervisor: 1 copy

District Office: 1 copy

**SHOOL BOARD OF LEON COUNTY/LEON CLASSROOM TEACHERS’ ASSOCIATION**

**STEP 2 GRIEVANCE FORM**

**REQUEST FOR REVIEW OF STEP 1 DECISION**

NAME OF GRIEVANT:

WORK SITE ADDRESS:

HOME ADDRESS:

OFFICE PHONE:

HOME PHONE:

**STEP 2 GRIEVANCE REPRESENTATIVE** (if Grievant is represented by LCTA or other representative at Step 2, please provide the representative’s name, mailing address, and phone number)

GRIEVANCE REPRESENTATIVE’S NAME:

MAILING ADDRESS:

PHONE:

DATE OF STEP 1 DECISION:

Provisions of Contract (Article[s] and Section[s]) allegedly violated (as specified at Step 1):

I hereby request that the Director of Labor Relations, acting as the Superintendent’s Representative, review the attached Step 1 Decision because:

DATE OF RECEIPT BY EMPLOYEE RELATIONS OFFICE:

Signature of Grievant Date:

A copy of the following documents is to be attached to this request at the time of its filing with the Employee Relations Office:

• Step 1 Grievance Form filed with the Grievant’s supervisor;

• Step 1 Decision issued by the Supervisor; and

• All attachments to the Step 1 Decision.

Copies: The Step 2 Decision shall be provided to the Grievant by personal delivery or mail (return receipt requested). A copy shall also be provided to the Grievant’s Representative and to the Grievant’s Supervisor who issued the Step 1 Decision. If Grievant is not represented by LCTA, a copy shall also be provided to the LCTA Office.

***RECEIPT OF GRIEVANCE FORM***

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Grievance Number Date Received Signature of Receiving Official

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Distribution:

Grievant: 2 copies

Immediate Supervisor: 1 copy

District Office: 1 copy

**SCHOOL BOARD OF LEON COUNTY /LEON CLASSROOM TEACHERS’ ASSOCIATION**

**STEP 3 GRIEVANCE FORM**

**REQUEST FOR ARBITRATION**

The LCTA hereby gives notice of its intent to proceed to arbitration with the following grievance:

Grievant’s Name:

District File #:

The Step 2 Decision dated was received by the GRIEVANT on

Authorized LCTA Signature Date of Receipt by Employee Relations Office

I hereby authorize LCTA to proceed to arbitration with my grievance. I also authorize LCTA and the Leon School District to use, and to provide to the arbitrator during the arbitration proceedings, copies of any materials relevant to the issues raised in this arbitration, although such materials may otherwise be confidential under State or Federal law.

Signature of Grievant Date

This Notice is to be filed with the Director of Labor Relations.