

**LEVEL I - NOTIFICATION OF GRIEVANCE**

Form 1 – To be used by a classified employee to submit a grievance to the employee’s immediate supervisor (Level I).

Grievances must be formally filed within ten (10) days after the act or omission giving rise to the grievance or within ten (10) days after the employee should have known of the act or omission.

\_\_\_\_\_ Date \_\_\_\_\_  
Name of Employee (Grievant)

Work Site \_\_\_\_\_ Job Classification \_\_\_\_\_

Details of Grievance (explain exactly what happened or did not happen and attach additional sheets if necessary): \_\_\_\_\_

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

Witness(es): \_\_\_\_\_

Contract Article Violated: \_\_\_\_\_

Date/Time of Violation: \_\_\_\_\_

Remedy Requested: \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contract Violation? YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

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

Additional information: \_\_\_\_\_

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

Proposed Remedy: \_\_\_\_\_

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

Association Notified: To \_\_\_\_\_ Date \_\_\_\_\_

District Notified: To \_\_\_\_\_ Date \_\_\_\_\_

Final Settlement Offered: To \_\_\_\_\_ Date \_\_\_\_\_

Accepted by Grievant: YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: Your immediate supervisor should respond in writing within ten (10) days after receiving this grievance. If your supervisor does not respond within the time limit or if you are not satisfied with the decision, you may appeal this grievance to Level II, to the District Director of Personnel, within five (5) days on Form 2.

**DISTRIBUTION:**

When filed: Original to Immediate Supervisor  
Copy to District Director of Personnel

When completed:  
Original to District Director of Personnel  
Copy to Grievant