



LEVEL II  
REVIEW BY ASST. SUPERINTENDENT \_\_\_\_\_ Date Received \_\_\_\_\_  
OR NEXT LEVEL SUPERVISOR \_\_\_\_\_ (name) Supervisor must respond by 10th work day

I reviewed this grievance and the following action was taken:\*

ASST. SUPERINTENDENT OR SUPERVISOR SIGNATURE \_\_\_\_\_ Date Returned to Employee \_\_\_\_\_

TO EMPLOYEE: Route this form to the next highest level of supervision as indicated in provisions of existing agreement with exclusive representatives of employee organizations if you do not concur with the above action.

Employee must indicate by 10th work day.

- Concur with action taken above and accept solution proposed thereby.
- Do not concur with action taken above and desire complaint to be submitted to Level III.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LEVEL III  
REVIEW BY SUPERINTENDENT (or designee) \_\_\_\_\_ Date Received \_\_\_\_\_  
\_\_\_\_\_ (name) Superintendent must respond by 10th work day

I reviewed this grievance and the following action was taken:\*

SUPERINTENDENT (or designee) SIGNATURE \_\_\_\_\_ Date Returned to Employee \_\_\_\_\_

TO EMPLOYEE: Route this form to the next highest grievance level as indicated in provisions of existing agreement with exclusive representatives of employee organizations, if you do not concur with the action taken above.

Employee must indicate by 10th work day.

- Concur with action taken above and accept solution proposed thereby.
- Do not concur with action taken above and desire grievance to be submitted to arbitration.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LEVEL IV  
Date submitted to Arbitration: \_\_\_\_\_