## CONEJO VALLEY UNIFIED SCHOOL DISTRICT CHAPTER 620-CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION (CSEA) $\underline{GRIEVANCE\ SUBMITTAL\ FORM}$

INFORMATION: This grievance submittagreements with recognized exclusive representations.	al form is to b sentatives of en	ne used to submit a grievance organizations.	e in writing as stated in provisions of	of existing
INSTRUCTIONS: Within 30 days of alleg appropriate level of supervision. The Super the manner and within the limits prescribed 10.7 (Rodda Act).	visor to whom in agreements	a grievance is presented has the swith an exclusive representation	ne responsibility to respond to such gr	ievance in
Name of Employee submitting grievance	Classification	(Employee)	Date	
School, Department, Section, Unit (Employee)	)	Immediate Supervisor (Nam	e)	
Statement of Grievance (By Employee)*				
	•			
Action Requested (By Employee)			•	
		•		
presented this grievance to		ELIDI OMEE OLOMA AVERD		
my Immediate Supervisor on	,,	_ EMPLOYEE SIGNATURE		
LEVEL I				
REVIEW BY IMMEDIATE SUPERVISOR	•	D	ate Received	
	(nam	ne) S	upervisor must respond by 10th work	dav
reviewed this grievance and the following act	tion was taken:	*		
•				`
MMEDIATE SUPERVISOR SIGNATURE		T	ate Deturned to Employee	
MMEDIATE SUPERVISOR SIGNATURE NAME OF INTERMEDIATE (next higher) SU	JPERVISOR		ate Returned to Employee	
TO EMPLOYEE: Route this form to the next he representatives of employee	nighest level of organizations,	supervision as indicated in pr if you do not concur with the	ovisions of agreement with exclusive action taken above.	
Employee must indicate by 10th work day.				
Concur with action taken above and	1 accept solution	n proposed thereby		
☐ Do not concur with action taken abo	ove and desire	grievance to be submitted to L	evel II.	
			•	
EMPLOYEE SIGNATURE		D	ATE	·

Revised 4/01

<sup>\*</sup>Attach additional sheets, if necessary.

LEVEL II	Supervisor must respond by 10th work day
REVIEW BY ASST. SUPERINTENDENT	Date Received
OR NEXT LEVEL SUPERVISOR (name)	
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 i	n 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	Superintendent must respond by 10th work day
REVIEW BY SUPERINTENDENT (or designee)	Date Received
(name)	
I reviewed this grievance and the following action was taken:*	
Treviewed this grievance and the following action was taken.	
	•
STIDED INTENDENT (or designed) STONATURE	D. D. J. D. J.
SUPERINTENDENT (or designee) SIGNATURE	
TO EMPLOYEE: Route this form to the next highest grievance level as indicated in pro	visions 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 t	o arbitration.
EMBLOVEE CICALATUDE	
EMPLOYEE SIGNATURE	DATE
LEVEL IV	
Date submitted to Arbitration:	

<sup>\*</sup>Attach additional sheets if necessary. Revised 4/01