

DISTRIBUTION OF FORM:

- Association
- Grievant
- Superintendent

DECISION BY SUPERINTENDENT

Aggrieved Person: _____ Date of Oral Presentation: _____

Date of Appeal Received by Superintendent: _____

Date of Hearing Held by Superintendent: _____

DECISION OF SUPERINTENDENT AND REASONS THEREFORE:

Date of Decision: _____

Signature of Superintendent

AGGRIEVED PERSON'S RESPONSE:

_____ I accept the above decision by the Superintendent.

_____ I hereby submit this grievance to arbitration.

Date of Response: _____

Signature of Aggrieved