

DISTRIBUTION OF FORM:

- Immediate Supervisor
- Association
- Grievant

DECISION OF IMMEDIATE SUPERVISOR

Aggrieved Person: _____ Date of Meeting: _____

School: _____ School Principal/Immediate Supervisor: _____

DECISION OF SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR AND REASONS THEREFORE:

Date of Decision: _____

Signature of Immediate Supervisor

AGGRIEVED PERSON'S RESPONSE:

_____ I accept the above decision.

_____ I hereby refer the above decision to the Superintendent for decision.

Date of Response: _____

Signature of Aggrieved