

APPENDIX 5 Grievance Response – Immediate Supervisor’s Decision

NOTE: Distribution of this form is as follows; original submitted to the grievant; one (1) whole and complete copy of completed form, including dated signatures, to the Association’s Grievance Committee Chairperson; and one (1) whole and complete copy of the completed form to the Association President.

NOTE: The following must be completed within by the grievant’s immediate supervisor within four (4) days of meeting.

Grievant:

Meeting Date:

School building or worksite:

Immediate Supervisor:

Decision of Immediate Supervisor & Reasons Therefore:

Date of Decision: _____ Immediate Supervisor’s Signature: _____

Grievant’s Response: **NOTE:** The following must be completed by the grievant within eight (8) days after the meeting.

- I accept the decision of my immediate supervisor as written above.
- I hereby refer the decision as written above to the Superintendent for review.

Date of Response: _____ Grievant’s Signature: _____