

Newark Unified School District
Certificated Grievance Form – Level II

Grievant: Newark Teachers' Association on behalf of _____.

Position and Work Location: _____.

Date of Appeal: _____ (*Within ten days of receiving supervisor's response*) (Sec. 5.4.1)

Date of Receipt of Level I Response from Supervisor: _____

Date of Decision at Level I / Date of incident if filed by Association: _____

STATEMENT OF REASONS FOR APPEAL (Sec. 5.4.1) / GRIEVANCE (Sec. 5.4.4)

Received in Superintendent's Office By : _____ Date: _____
(*provide copy for grievant*)

SUPERINTENDANT'S DECISION (Within 15 days of appeal (Sec. 5.4.3)) _____.

Received by (*Signature of Grievant*): _____ Date _____

(*copy for Superintendent and Grievant*)

Grievant, respond within 10 days of superintendent's response. (Sec 5.5.1)

- I Accept¹ the above decision.
 Request the bargaining Agent submit the grievance to arbitration²

Signature of Grievant _____ Date _____

¹If accepted distribute copies to:
Copy 1, Superintendent who forwards a copy to district personnel office
Copy 2, bargaining agent
Copy 3, grievant

²If requesting submission to arbitration:
Copy 1, Superintendent who forwards a copy to district personnel office
Copy 2, bargaining agent
Copy 3, grievant