

Newark Unified School District
Certificated Grievance Form – Level 1

Name _____ Position & Work Location _____

Represented By: _____ Organization _____

Date of Incident _____ Date of Informal Conference _____

1. Incident (Sec 5.3.2):

2. Statement of Law, Rule, Regulation, Practice or Decision Involved (Sec 5.3.2):

3. Relief Sought (Sec 5.3.2):

Received By: _____ Date: _____

Within 20 days of incident (Sec. 5.3.1) _____.

Respond within ten days of presentation to supervisor. (Sec. 5.3.3) Response of Supervisor:

Received by: _____ Date _____

Grievant, respond within 10 days of supervisor's response. (Sec 5.4.1)

I Accept¹ the above decision.
 Appeal²

Signature of Grievant _____ Date _____

¹If accepted:
Copy 1, grievant supervisor, forwards to
personnel office
Copy 2, bargaining agent
Copy 3, grievant

²If appealed:
Copy 1, attached to level II form and forwarded to
superintendent's office (in person)(Photocopy is
forwarded to personnel by superintendent's office)
Copy 2, bargaining agent
Copy 3, grievant