

GRIEVANCE FORM

CENTRAL CONSOLIDATED SCHOOLS & CCEA / NEA

SUPERINTENDENT LEVEL

TO: _____ FROM: _____
Supervisor Grievant

WORK

LOCATION: _____ DATE: _____

Superintendent Level grievances must be filed within five (5) work days of the supervisor's decision with the Superintendent's Secretary and the Human Resources Director.

Statement of the specific alleged violations, misinterpretations, and/or misapplications of a specific provision of this Agreement, Board policy, or a specific written District procedure that governs the employee's terms and conditions of employment. Please identify the specific article and section of the Agreement; circumstances involved; and the date of the alleged violation:

Specific remedy to resolve the grievance:

Only one grievance is allowed per form.

Distribution required by the employee filing the grievance:

Aggrieved

Director of Human Resources

Association President