

# GRIEVANCE FORM

## CENTRAL CONSOLIDATED SCHOOLS & CCEA / NEA

### ***SUPERVISOR LEVEL***

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
Supervisor Grievant

### WORK

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Supervisor Level grievances must be filed with the Supervisor within fifteen (15) work days from the event/act, or the discovery of the event/act, that caused the grievance.

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