

GRIEVANCE APPEAL FORM

CENTRAL CONSOLIDATED SCHOOLS & CCEA / NEA

DATE _____

TO: CCSD Board of Education

RE: Grievance filed on

_____ by _____
(Date) (Name)

Grievance appeal must be filed within ten (10) work days of the Superintendent's decision with the Board 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

Supervisor

Director of Human Resources

Association President