**ALHAMBRA UNIFIED SCHOOL DISTRICT**

**GRIEVANCE FORM – LEVEL 1**

**SUBMISSION OF GRIEVANCE – All portions of this section must be completed by the Grievant.**

**(This Grievance is filed in accordance with the provisions of Article VII of the Contract.)**

| Unit Member’s Name: | Work Location: |
| --- | --- |
| Assignment: |  |

1. A clear concise statement of the Grievance (an attachment is permissible):

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| --- |

1. Date of alleged violation:

1. Specific Agreement provision alleged to be violated:

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1. Specific remedy sought:

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| **Signature of Grievant:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Filed****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature of Immediate Supervisor:**  **Date Filed****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- |

**Upon completion of this section, the Immediate Supervisor shall: 1) retain a copy, 2) give a copy to the grievant, 3) send a copy to the ATA Office:** [**ataoffice3030@gmail.com**](mailto:ataoffice3030@gmail.com) **(626.289.1933)**

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Immediate Supervisor’s Response (an attachment is permissible):

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| | **Signature of Immediate Supervisor:**  **Date Filed:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature of Grievant:**  **Receipt of Response Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | --- | --- | |  |
| --- | --- | --- | --- |

**Upon completion of this section, the Immediate Supervisor shall: 1) retain original, 2) give a copy to the Grievant, 3) send a copy to the ATA office:** [**ataoffice3030@gmail.com**](mailto:ataoffice3030@gmail.com) **(626.289.1933)**

Revised: May 5, 2014