

ASSOCIATED POMONA TEACHERS

LEVEL 1 GRIEVANCE NOTIFICATION

(To be completed AFTER verbal, informal conference.)

From: _____ Home Phone _____

Today, _____ (date), I had an informal conference with my immediate Administrator,

_____ (name) regarding the violation of contract

Article _____ Section _____

My concerns are as follows:

The remedy I seek is:

Check one:

- My principal's response was satisfactory.
- My principal has 5 working days to demonstrate response to my concern. That date is _____
- My principal's response was not satisfactory. I am going to proceed to Level 2 (formal written grievance).

Please send this completed form to APT via U.S. Mail, Faculty Rep, Grievance Rep or drop it off at the APT office: 2410 Walnut St, La Verne, CA 91750.

Thank you.

School: _____ Witness: _____

(if there was one)

Please send or fax a copy to the APT office for record keeping. Thank you.

Fax (909)541-5564

POMONA UNIFIED SCHOOL DISTRICT

GRIEVANCE ACTION FORM

LEVEL 2 – FORMAL WRITTEN GRIEVANCE

Date Filed: _____

TO: Immediate Administrator

Due within ten (10) days of the date of the Level 1 Conference.

Name of Grievant _____

Site _____ Assignment _____

A. 1. Date and time alleged violation occurred: _____

2. Contractual Section allegedly violated: _____

3. Person who allegedly violated terms of Contract: _____

B. Description of Grievance

C. Specific Remedy Sought

D. Date of Informal Conference (Level 1) with Immediate Administrator _____

E. Decision Rendered at Level 1

Signed (Grievant)

Original Immediate Administrator

Copies Grievant
Associated Pomona Teachers

Revised May 2003