

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT

EMPLOYEE GRIEVANCE FORM

Employee Name _____ Department _____

Immediate Supervisor/Designee _____ Date of Incident _____

Date of Informal Discussion _____ Date of Oral Response _____

State the Contract Articles and Sections alleged to have been violated _____

Employee's factual statement of incident, alleged violation and grievance. Provide all facts necessary to support your position. *(Attach second sheet if necessary).*

State full relief/remedy/action you believe is required to resolve your grievance.

Employee's Signature _____ Date _____

<p>I. Response of Next Higher Administrator/Designee: (due within 7 days after receipt)</p>	<p>Date of Receipt: Date of Response: Grievance Resolved: Grievance Denied:</p>
<p>II. Response of Superintendent/President/Designee: (due within 10 days after receipt)</p>	<p>Date of Receipt: Date of Response: Grievance Resolved: Grievance Denied:</p>
<p>III. Finding of Arbitrator:</p>	<p>Date of Receipt: Date of Board Meeting: Date of Decision:</p>

- NOTES:**
1. *Attach all responses to this form.*
 2. *Make two copies of all responses: One for employee and one for the District.*
 3. *Time is of the essence at every step.*