

GRIEVANCE

REGISTER NUMBER _____

ORANGE COUNTY CLASSROOM TEACHERS ASSOCIATION (OCCTA)
SCHOOL BOARD OF ORANGE COUNTY, FLORIDA

The parties agree to use the following form to resolve disputes in good faith.

NAME: _____ HOME PHONE: _____
IMMEDIATE SUPERVISOR: _____ WORK LOCATION: _____
OCCTA CONTACT: _____
DATE OF VIOLATION: _____
DATE OF STEP 1 MEETING: _____
DATE OF STEP 1 RESPONSE: _____

ATTACH A STATEMENT CONTAINING THE FOLLOWING:

1. Statement of the facts upon which the grievance is based:
2. A reference to the specific section(s) of the Contract allegedly violated
3. An explanation as to how the employee believes each cited section was violated
4. A suggested remedy by the employee

STEP 2: SIGNATURE OF GRIEVANT

SIGNATURE: _____ DATE: _____

STEP 2: RESPONSE BY IMMEDIATE SUPERVISOR

DENIED _____ GRANTED _____ REASON: _____

SIGNATURE: _____ DATE: _____

STEP 3: RESPONSE BY SUPERINTENDENT OR DESIGNEE

DENIED _____ GRANTED _____ REASON: _____

SIGNATURE: _____ DATE: _____

STEP 4: ASSOCIATION DECISION RE: APPEAL TO MEDIATION

- () ACCEPT SUPT. / DESIGNEE'S RESPONSE
- () WAIVE APPEAL WITH PREJUDICE
- () APPEAL TO MEDIATION
- () MOVE DIRECTLY TO STEP 5

FOR THE ASSOCIATION: _____

STEP 5: ASSOCIATION DECISION RE: APPEAL TO ARBITRATION

- () ACCEPT MEDIATION DECISION
- () WAIVE APPEAL WITH PREJUDICE
- () APPEAL TO ARBITRATION

FOR THE ASSOCIATION: _____