

FORMS FOR ADJUSTING SUPPORT STAFF GRIEVANCES

Enclosed herein are the necessary forms for adjusting grievances in accordance with Part II of the procedure for adjusting grievances for support staff employees in Accordance with 22.1-79.6 of the Code of Virginia.

The grievant is advised to become familiar with the procedures for adjusting grievances. Special emphasis should be given to the procedural steps.

Grievance Form A
Part II of Support Staff Procedure for Adjusting Grievances

I. General Information/Immediate Supervisor

Name of Grievant:

Name of School:

Date Action Being Grieved Occurred:

Description of Action Being Grieved:

Basis for Claim and Relief Sought:

_____ I request a meeting with the Principal.

Grievant's Signature and Date:

II. Principal

Date Received:

Date of Meeting:

Decision:

Principal's Signature and Date:

_____ I accept the Principal's decision and conclude my grievance.

_____ I do not accept the Principal's decision and advance my grievance to Step III.

Grievant's Signature and Date:

III. Superintendent

Date Received:

Date of Meeting:

Decision:

Superintendent's Signature and Date:

_____ I accept the Superintendent's decision and conclude my grievance.

_____ I do not accept the Superintendent's decision and advance my grievance to Step IV by submitting this Form to the Superintendent.

Grievant's Signature and Date:

IV. School Board

Date Received:

Date of Hearing (if any):

School Board Decision:

Signature of School Board Chair and Date:

FORMS FOR PROPOSED DISMISSAL OF SUPPORT STAFF

Enclosed herein are the necessary forms for proposed dismissal proceedings as prescribed in Part III of the procedure for adjusting grievances for support staff employees in accordance with 22.1-79.6 of the Code of Virginia.

The grievant is advised to become familiar with the procedure for adjusting grievances. Special emphasis should be given to procedural steps.

Form B
Notice of Dismissal or Probation

| |
|---|
| |
| Name of Employee: |
| |
| Name of School or Work Location: |
| |
| Date: |
| |
| Check one only: |
| <input type="checkbox"/> The Superintendent has recommended that you be dismissed from your position effective _____. |
| <input type="checkbox"/> The Superintendent has recommended that you be placed on probation effective _____ until _____. |
| At your request, reasons for this recommendation will be provided to you in writing or in a personal interview. |
| You have fifteen (15) days from the receipt of this form to initiate a grievance. Enclosed is a copy of the Procedure for Adjusting Grievances for Support Staff and Grievance Form C. |
| |
| Signature of Superintendent and Date: |

Grievance Form C
Part III of the Procedures for Adjusting Grievances of Support Staff

I. General Information

Name of Grievant:

Name of School:

Date Action Being Grieved Occurred:

Description of Action Being Grieved:

Basis for Claim and Relief Sought:

_____ I request a meeting with the Superintendent.

_____ I waive my right to a meeting with the Superintendent and request a hearing before the School Board.

Grievant's Signature and Date:

II. Superintendent

Date Received:

Date of Meeting:

Decision:

Superintendent Signature and Date:

_____ I accept the Superintendent's decision and conclude my grievance.

_____ I appeal the Superintendent's decision to the School Board.

III. School Board

Date Received by Superintendent:

Date of Hearing:

School Board Decision:

Signature of School Board Chair and Date: