

Antioch Unified School District
Antioch, California

NOTICE OF GRIEVANCE

No.

1. Name: 2a. Date Commenced:
2b. Date Closed:
2c. Home Phone:
2d. School Phone:
2e. Association Phone: 925.754.0300
- 3a. Work Location:
- 3b. Job Classification:
-

4. I authorize the following individual(s), Association, or representative(s) to assist in representing me at each step of the Grievance. (The name of the association conferee is subject to change.)

___ Antioch Education Association
 Karen Vargas, AEA Grievance Chair
 Robert Strickler, AEA President

___ Other Designees: Rosemary Louissaint, CTA Chapter Services Consultant

___ Represented by Self

Signature of Aggrieved

5. Specific Contract Provisions alleged to have been violated, misinterpreted or misapplied:

6. Circumstance(s) of the grievance (a concise statement concerning the alleged violation, misapplication, or misinterpretation with dates, names, and places as appropriate):

7. Statement of the remedy(ies) desired:

8. Record of Processing:

Filed with:

Date Received

Step I _____

Step II _____

Step III _____
