MONTEREY COUNTY OFFICE OF EDUCATION

CLASSIFIED STAFF

GRIEVANCE CLAIM PACKET

Per MCOE/CSEA Agreement (Article 18)

CONTENTS OF PACKET:

1. CLASSIFIED EMPLOYEE CLAIM OF GRIEVANCE FORMS
   (Level 1, Level 2, Level 3, and Withdrawal of Grievance)

2. COPY OF ARTICLE XX, GRIEVANCE PROCEDURES (MCOE/CSEA Agreement)
LEVEL 1
REQUEST FOR SETTLEMENT OF GRIEVANCE
TO BE COMPLETED BY GRIEVANT

Grievance Presented to Immediate Supervisor, Department Head, or Program Director

Director on (date): _____________________________________________

Name of Grievant: ______________________________________________

Home Address: ________________________________________________

Work Location: ________________________________________________

Job Title: _____________________________________________________

Nature of Grievance: ____________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Settlement Requested: ____________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Signature of Grievant: ____________________________________________

Printed Name of Grievant: _________________________________________
REQUEST FOR SETTLEMENT OF GRIEVANCE
TO BE COMPLETED BY GRIEVANT

(Copies of Request for Settlement of Grievance-Level 1 and Reply-Level 1 Must be attached)

Date Presented to Division Head of Cabinet Member: __________________

Name of Grievant: ________________________________________________

Home Address: ___________________________________________________

Work Location: ___________________________________________________

Job Title: _______________________________________________________

Date of Reply to Grievance—Level 1: _______________________________

State Reasons for Submission of Grievance to Level 2: _________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Settlement Requested: _____________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Signature of Grievant: _____________________________________________

Printed Name of Grievant: __________________________________________

MCOE/CSEA AGREEMENT (Article 18)
2007
MONTEREY COUNTY OFFICE OF EDUCATION

LEVEL 3

REQUEST FOR SETTLEMENT OF GRIEVANCE
TO BE COMPLETED BY GRIEVANT

(Copies of Requests for Settlement of Grievance and Replies—Level 1 and 2 Must be attached)

Date Presented to County Superintendent of Schools: __________________

Name of Grievant: _____________________________________________

Home Address: ________________________________________________

Work Location: ________________________________________________

Job Title: _____________________________________________________

Date of Reply to Grievance—Level 2: _______________________________

State Reasons for Submission of Grievance to Level 3: _________________

Settlement Requested: __________________________________________

Signature of Grievant: __________________________________________

Printed Name of Grievant: _______________________________________

MCOE/CSEA AGREEMENT (Article 18)
2007
WITHDRAWAL OF GRIEVANCE
To be completed by Grievant

Date of Withdrawal: ________________________________

Name of Grievant: ________________________________

Home Address: __________________________________

Work Location: ________________________________

Job Title: __________________________________________

Present Level of Grievance: Level 1   Level 2   Level 3   (Circle One)

Date on Which Grievance Was Submitted at This Level: ________________

Brief Description of Nature of Grievance: __________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Request for Withdrawal:

I hereby request that the above grievance be written from further consideration without prejudice or record. I acknowledge that I may not reopen this grievance.

Signature of Grievant: ________________________________

Printed Name of Grievant: ________________________________