SCHOOL DISTRICT OF OKALOOSA COUNTYMIS 4044 Rev 12-91

Official Grievance Form - OCESPA

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| --- | --- |
| Name: |  |
| Worksite: |  | Assignment: |  |
| Home Address: |  | Home Phone: |  |
|  |  |  |  |
| A. | Date Cause of Grievance Occurred: |  |
| B. | Relates to what section of Contract: |  |
| C. | Statement of Grievance: |  |
| D. | Relief Sought: |  |

 Signature Date

Sequence

Step I: Date Submitted: Date of Disposition:

Summary of Disposition:

 Signature Date

Step II: Date Submitted: Date of Disposition:

Summary of Disposition (see attached):

 Signature Date

CC: Copy to Immediate Supervisor

 Copy to Grievant

 Copy to OCESPA (Grievant’s Responsibility)

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| Grievance No.       |