|  |  |
| --- | --- |
| 452B2 0 1 9 - 2 0 2 2 F A C U L T Y C O N T R A C T | |
| **Article 20: Grievance Process**  **Appendix M.2: Grievance Level 2 – Conciliation** | Logo_MtSAC_Blk_Print |

|  |  |  |  |
| --- | --- | --- | --- |
| Grievant’s Name: |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contact #: Phone: |  | Email: |  |

|  |  |  |
| --- | --- | --- |
|  | Classification: |  |

|  |  |
| --- | --- |
| **GRIEVANT TO COMPLETE:**  **INSTRUCTIONS:** The grievant must file this form with the Office of Human Resources **within 10 working days** of the unresolved **Level 1 – Informal process**. | |
|  | |
| 1. | Indicate specific contract provisions which you believe have been violated. |
|  |  |
| 2. | Date of event creating grievance. |
|  |  |
| 3. | Date on which you learned that a violation of the specific provision of the Agreement had occurred. |
|  |  |
| 4. | Name of your immediate administrator. |
|  |  |
| 5. | Describe what actions you have taken to resolve the grievance. Be specific. |
|  |  |
| 6. | Statement of grievance: |
|  |  |
| 7. | Requested remedy. |
|  |  |

|  |  |
| --- | --- |
|  | |
| 8. | Date unresolved Level 1 process concluded. |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 9. | Grievant’s Signature: | | | | | | |
|  |  | | | | Date: |  | |
|  | |  |  |  | | |
| Grievant’s Name: | |  | Date: |  | | |

**HUMAN RESOURCES TO COMPLETE:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10. | Copy of form sent to: | | | | | |
|  |  | Faculty Association |  | Vice President, Human Resources | Date: |  |
| 11. | Members of Mediation Team:  Faculty Member – appointed by the Faculty Association | | | | | |
|  |  | | | | | |
|  | Administrator – appointed by the District | | | | | |
|  |  | | | | | |
| 12. | Date (s) of Conciliation meeting (within 15 working days of establishment of Conciliation Team). | | | | | |
|  |  | | | | | |
| 13. | Date of Decision | | | | | |
|  |  | | | | | |
| 14. | Team Outcome Submitted within 5 working days of meeting | | | | | |
|  | Signatures:  Grievant: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Immediate Administrator: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |