

**SEQUOIA UNION HIGH SCHOOL DISTRICT
GRIEVANCE APPEAL FORM**

Grievant's Name

Date Filed

School/Location

Filed with

Department

Level: 2 3 4 (Please Check One)

Bargaining Unit

Contract Article & Section

Authorized Representative

Alleged violation/misinterpretation/misapplication

Please Note: Copies of original grievance and decision rendered must be attached.

Signature of Grievant

Received by:

Date

Copy: Supervisor/Designee
Personnel (2 Copies)
Employee