

BTU-ESP OFFICIAL GRIEVANCE FORM

Name: _____

Work Location: _____

Home Address: _____ Home Phone: _____

STEP I

A. Date Cause of Grievance Occurred: _____

B. Article(s) and Section(s) alleged to have been violated:

C. State Grievance: _____

D. State Relief Sought: _____

Signature of Grievant Date BTU-ESP Representative Date

E. Disposition of Immediate Supervisor: _____

Immediate Supervisor Date

Step II

F. Date Submitted to Superintendent: _____

Signature of Grievant Signature of BTU-ESP Representative

Copies To: (1) Immediate Supervisor, (2) BTU-ESP, (3) Grievant, (4) Employee & Labor Relations