NATOMAS UNIFIED SCHOOL DISTRICT
Natomas Teachers Association

Grievance Form
Formal Level - Step 1 (Site Level)
(To be completed if not satisfied with Step 0 decision)

Today’s Date: __________________________   Work Site: _____________________________
Employee Name: _____________________________

NTA Contract Article III - Grievance Procedures N.1
A grievant may submit the grievance in-person to the immediate administrator or their designee, or in writing (i.e. certified mail or electronic mail) to the contact designated by Human Resources to promote timely receipt by the immediate administrator, within twenty (20) days after the violation, misinterpretation, or misapplication of the provisions of this agreement, after the grievant knew, or reasonably should have known, of the circumstances which form the basis for the grievance.

Date grievance occurred (or was discovered):

Date of Step 0 (Informal conference with the immediate administrator):

1. Concise statement of the grievance:
Describe the specific grounds of your grievance including names, dates, places, and other information necessary for a complete understanding of the grievance.

2. Specific section or sections of the agreement violated:
List the article(s) and section(s) of the agreement, which are alleged to have been violated or misapplied.

3. List the reason(s) why the immediate administrator’s proposed resolution to the problem is unacceptable:
4. List the specific action(s) you request of the public school employer to remedy your grievance.

5. The immediate administrator shall communicate a decision to the grievant in writing and attach it to this form within ten (10) days after receiving the formal grievance.

Grievant's Signature: ________________________________

Date of Submittal: ________________________________

Time of Submittal: ________________________________

Submitted:

☐ In person

☐ Via Email to hr@natomasunified.org

Signed as Received by the Administrator: ________________________________
NATOMAS UNIFIED SCHOOL DISTRICT
Natomas Teachers Association

Grievance Form

Formal Level - Step 2 (District Level)
(To be completed if not satisfied with Step 1 decision)

☐ Attach copy of Step 1 form & response/decisions rendered by immediate administrator

Today’s Date: __________________________ Work Site: _____________________________

Employee Name: _____________________________

Date grievance occurred (or was discovered): ________________

Date of Step 0 (Informal conference with the immediate administrator): ________________

Date of Step 1 (Submitted to immediate administrator): ________________

Date of Step 1 meeting with immediate administrator: ________________

Date Step 1 response/decision received from immediate administrator: ________________

Date filed with District grievance officer (via NTA Grievance Chair): ________________

1. Concise statement of the reasons for the appeal:
List the reason(s) why the immediate administrator’s proposed resolution to the problem is unacceptable.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. The Superintendent or designee shall render a written decision and attach it to this form within ten (10) days after receiving the appeal. Either the grievant or the Superintendent or designee may request a personal conference within the above time limits

Grievant’s Signature: _____________________________
Grievance Form
Formal Level - Step 3 (Mediation)
(To be completed if not satisfied with Step 2 decision)

☐ Per NTA Contract, approval required from NTA to proceed with Step 3/Mediation
☐ Attach copy of Step 1 form & response/decisions rendered by immediate administrator
☐ Attach copy of Step 2 form & response/decisions rendered by Superintendent or designee

Today’s Date: __________________________ Work Site: _____________________________

Employee Name: _____________________________

Date grievance occurred (or was discovered): __________
Date of Step 0 (Informal conference with the immediate administrator): __________
Date of Step 1 (Submitted to immediate administrator): __________
Date of Step 1 meeting with immediate administrator: __________
Date Step 1 response/decision received from immediate administrator: __________
Date filed with District grievance officer (via NTA Grievance Chair): __________
Date of Step 2 (Written appeal to the Superintendent or designee): __________
Date Step 2 response/decision received from Superintendent or designee: __________
Date NTA approved proceeding to mediation: __________

1. I am appealing the disposition of my grievance to the Natomas Teachers Association for mediation because the disposition by the Superintendent or designee is unacceptable to me for the following reason(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
NTA Contract Article III, Grievance Procedures P.1-5

If the grievant and/or the NTA are not satisfied with the decision, or if no decision has occurred pursuant to the provisions of Step 2, the grievance may be referred to a mediator from the State Mediation and Conciliation Service (SMCS).

If either the District or the NTA elects to go to mediation, the party so electing must notify the other party in writing within fifteen (15) days following the Step 2 decision. Both the NTA and the District agree to participate in the process in good faith in an attempt to reach an equitable resolution.

Either the District or the NTA may contact SMCS for the assignment of the mediator. A meeting will be scheduled as soon as calendars can be arranged.

If the NTA and the District mutually agree, they may use an alternative to the SMCS.

Other than the costs for a mediator, which are to be borne equally, each party shall pay its own costs.

___________ Date SMCS contacted

___________ Date of scheduled mediation

Grievant's Signature: ______________________________
NATOMAS UNIFIED SCHOOL DISTRICT
Natomas Teachers Association

Grievance Form
Formal Level - Step 4 (Arbitration)
(To be completed if grievance not settled at Step 3)

☐ Attach copy of Step 1 form & response/decisions rendered by immediate administrator
☐ Attach copy of Step 2 form & response/decisions rendered by Superintendent or designee
☐ Attach copy of Step 3 form & response/decisions rendered by mediator

Today’s Date: __________________________ Work Site: _____________________________
Employee Name: _____________________________

___Approved for Arbitration ___Not Approved for Arbitration

________________________________________
President, Natomas Teachers Association

Date grievance occurred (or was discovered): __________
Date of Step 0 (Informal conference with the immediate administrator): __________
Date of Step 1 (Submitted to immediate administrator): __________
Date of Step 1 meeting with immediate administrator: __________
Date Step 1 response/decision received from immediate administrator: __________
Date filed with District grievance officer (via NTA Grievance Chair): __________
Date of Step 2 (Written appeal to the Superintendent or designee): __________
Date Step 2 response/decision received from Superintendent or designee: __________
Date Step 3 (Written appeal for mediation): __________
Date Step 3 response/decision received from mediator: __________

1. I am appealing the disposition of my grievance to the Natomas Teachers Association for arbitration because the disposition by the mediator is unacceptable to me for the following reason(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
For Step guidelines, please refer to:
NTA Contract Article III, Grievance Procedures Q.1-9

__________ Date SMCS contacted

__________ Date of scheduled arbitration

Grievant’s Signature: ______________________