

MT. DIABLO UNIFIED SCHOOL DISTRICT (SAMPLE)

GRIEVANCE FORM

FORMAL GRIEVANCE – STEP 2

Grievant’s name: Oski Bear

Date: Sept. 6, 2023

Sather Tower High
School/Department

Math/Teacher
Position / Title

Cali Gold/principal
Supervisor: Name and Title

Date grievance occurred: Sept. 6, 2022 [first day our members can be compensated]

Provision of contract violated:

Article #(s) 6
Section #(s) 6.1, 6.5, and 6.6

Article title(s): Class Size
Section title(s): Class Size/Case Load Overage Compensation/Balancing Period

Informal Discussion(s): [list all the days you had an informal discussion with admin- you MUST have an informal discussion with your admin – the sooner the better]

Date(s): _____

MDEA Representative: (Site Rep’s name) _____

Statement of Grievance issue(s):

[Elementary:] My class size is currently #. This number exceeds the class size maximum in the contract.

[Secondary:] My _____ period class size is currently #. This number exceeds the class size maximum in the contract. [If more than one period, please list all periods and the number of students over.]

Remedy / Remedies Sought:

[Member needs to write ONE of the following two remedies, then include the remedies below as well]:

Remove all additional students AND compensate for every day until overage(s) are eliminated per 6.1, 6.5, and 6.6.

OR

I agree to a class size overage of # students, and seek compensation per contract section 6.5.

[For elementary: you can agree to keep between 1 and 5 students over the contract maximum. (If you’re OK with 2 over, but not 3 you can say so in the grievance), or you can demand all overages be remedied.

For secondary: you can agree to keep overages in 1 or more sections, or you can demand all of your sections are at the contract maximum, and you can agree to keep between 1 and 5 students over the contract maximum.]

****Member needs to write one of the above remedies. Then include the remedies below: ****

Any other remedies the Parties agree to.

MDEA shall be reimbursed for all legal expenses.

Initiated by: Member signature Date: _____

Represented by: Site Rep/(if none Linda Ortega, MDEA VP) Date: _____

*Immediate Supervisor: Upon completion of this section, disperse copies immediately to Asst. Supt /Personnel Services, Immediate Supervisor, MDEA, Grievant

(Please make sure MDEA receives a copy!)