

Clayton County Board of Education

Employee Grievance Form

GENERAL INFORMATION

Name/Title of Employee: _____

PLEASE PRINT

Mailing Address: _____

Contact Number: _____

Work Location: _____

GRIEVANCE INFORMATION

Statute, Policy, Rule or Regulation Involved: _____

Reference or description of statute, policy, rule or regulation, alleged to have been violated or misapplied: _____

Facts as to violation and effect on employee: _____

Brief statement of allegations showing the violation or misapplication of the statute, policy, rule or regulation: _____

Statement of relief sought by complainant: _____

The undersigned employee hereby makes this complaint pursuant to Policy GAE of the Clayton County Board of Education and shows that the facts stated above are true and correct.

Signature: _____

Date: _____

Exhibit:

GAE(2)-E(1) and GAE(3)-E(1)

Clayton County Board of Education

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GRIEVANCE APPEAL FORM

Individual Filing Appeal:

PLEASE PRINT

Name/Title:

Contact Number:

Work Location:

GRIEVANCE INFORMATION

Date initial grievance was filed: _____

1. I wish to appeal the decision of:

Name: _____

Title: _____

2. Reason for appeal:

3. State relief sought:

Signature: _____

Date: _____

Exhibit:

GAE(2)-E(1) and GAE(3)-E(1)

Clayton County Board of Education

Employee Grievance Form

APPEAL DISPOSITION FORM

Administrator who heard Appeal:

Name/Title:

Work Location:

1. What are the issues involved in this grievance?

2. Has a violation or misapplication of a statute, policy, rule or regulation occurred? If so, which statute, policy, rule or regulation?

3. Decision reached?

4. Basis for decision:

Signature: _____

Date: _____

Exhibit:

GAE(2)-E(1) and GAE(3)-E(1)