

DECISION OF IMMEDIATE SUPERVISOR (STEP ONE/TWO)

To be completed by immediate supervisor within five (5) working days after receipt of the grievance.

Please Type or Print

Date of Formal Presentation:	
Grievant(s):	
School:	Phone:
Decision of Immediate Supervisor and Reasons Therefore:	
Signature of Immediate Supervisor:	Date of Decision:
Grievant's Response	
I accept the above decision.	
I hereby refer the above decision to Step Two of the Grievance Procedure.	
Signature of Grievant:	Date of Response:
Signature of Association Representative:	Date:

DISTRIBUTION:

- Superintendent
- Association Representative
- Grievant(s)