

JEFFERSON COUNTY PUBLIC SCHOOLS
P. O. Box 34020
Louisville, Kentucky 40232

Grievance Number _____

EMPLOYEE GRIEVANCE

Name of
Grievant _____

Home
Phone _____

Home Address of Grievant _____

Job Title and Assignment _____

School/Work Location _____

Phone _____

Principal/Administrative Unit
Director or other administrator
with whom grievance is filed _____

Detailed statement of grievance and identification of specific section(s) of the appropriate agreement which the employee believes has been violated: _____

Resolution desired: _____

Signature of grievant _____

Date _____

Distribution:

Immediate Supervisor (Classified employees only)
Principal/Administrative Unit Director
Assistant Superintendent/Executive Director or designee
Superintendent/designee
Employee Organization

* Assigned by Employee Relations
Grievance Form A
Revised 12/86