

FORMS

ADJUSTING GRIEVANCES

PART II

FORMS FOR ADJUSTING GRIEVANCES
IN
PORTSMOUTH CITY PUBLIC SCHOOLS

Enclosed herein are the necessary forms for adjusting grievances in accordance with Part II of the Grievance Procedure of the State Board of Education.

The grievant is advised to become familiar with the procedure for adjusting grievances. Special emphasis should be given to the procedural steps.

STATE DEPARTMENT OF EDUCATION

PORTSMOUTH CITY PUBLIC SCHOOLS

STATEMENT OF GRIEVANCE

Part II
STEP 2 - TO BE PRESENTED TO PRINCIPAL

Name of Grievant	Date Filed
School/department of assignment	Subject area or Grade
Immediate Superior and/or Principal	Grievant's Representative

Policy, procedure, regulation, ordinance, statute being grieved, and date you knew or reasonably should have known of its occurrence:

Statement of grievance:

Specific relief requested:

Grievant's Signature	Representative's signature
Date	Date

PRINCIPAL'S DECISION

PART II

STEP 2 - DECISION TO BE PRESENTED TO GRIEVANT

Name of Grievant

Date Grievance Received

Decision of Principal or Designee:

_____ I lack the authority to grant the relief requested.

Signature of Principal or Designee

Date

Is the above decision acceptable to the grievant?

Check one box

Yes

No

_____ I hereby appeal this decision to Step 3, Superintendent's Level.

Grievant's signature

Date

SUPERINTENDENT'S LEVEL

PART II

STEP 3 – DECISION TO BE PRESENTED TO GRIEVANT

Name of Grievant

Date Appeal Received

Decision of Superintendent or Designee:

Signature of Superintendent or Designee	Date
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Is the above decision acceptable to the grievant?

Check one box

Yes	No
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____ I hereby appeal this decision.

Grievant's Signature

Date

REQUEST FOR HEARING

PART II

STEP 5 - TO BE SUBMITTED TO SUPERINTENDENT

Name of grievant

Date Grievance Filed

(Check one)

I hereby petition the attached grievance be submitted to an advisory fact-finding hearing.

_____ Panel Designee

I hereby waive my right to an advisory fact-finding hearing and petition that the following grievance be submitted to the board.

Grievant's Signature

Representative's Signature

Date

Date

PART III

FORMS FOR PROPOSED DISMISSAL/PROBATION
IN
PORTSMOUTH CITY PUBLIC SCHOOLS

Enclosed herein are the necessary forms for proposed dismissal/probation proceeding as prescribed in Part III of the procedure enacted by the State Board of Education.

STATE DEPARTMENT OF EDUCATION

PORTSMOUTH CITY PUBLIC SCHOOLS

PART III
NOTIFICATION: NOTICE OF PROPOSED DISMISSAL OR PROPOSED
PLACING ON PROBATION.

Date

Name of Teacher

School/Department of Assignment

(Check one)

_____ The Division Superintendent will recommend to the School Board that you be placed on probation for the period:

(Date)

to

(Date)

_____ Reasons for this recommendation will be provided to you in writing or at your request in a personal interview within three (3) days of your request.

_____ The Division Superintendent will recommend to the School Board that you be dismissed from your position as:

(Position)

Reasons for this recommendation will be provided to you in writing or at your request in a personal interview within three (3) days of your request.

You have 15 days from receipt of this form to request, in writing, a hearing before the School Board or an advisory fact-finding panel as provided in the procedure. Please advise me as soon as possible whether you wish to have such a hearing (see attached form). Enclosed, for your information, is a copy of the procedure.

Signature of Superintendent

REQUEST FOR HEARING

PART III
TO BE SUBMITTED TO SUPERINTENDENT

Name of Teacher	Superintendent's proposed action <input type="checkbox"/> Dismissal <input type="checkbox"/> Probation
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(Check one)

I hereby request that I be afforded an advisory fact-finding hearing on the above referenced matter.

Panel Designee

I hereby waive my right to an advisory fact-finding hearing and request that I be afforded a hearing before the School Board on the above referenced matter.

Teacher's signature	Representative's signature
Date	Date