



WLEA

EMPLOYER GRIEVANCE RESPONSE

Grievance Number – For Agency use only

- STEP 1**
STEP 2
STEP 3

Management Representative Name (Last, First)		Title	
Grievant Name (Last, First, MI)			
Grievant Representative Name & Contact Information			
Date Grievance Received	Date Heard	Date Returned	Method of Return
Grievance Subject <input type="checkbox"/> 1-Day Suspension <input type="checkbox"/> 3-Day Suspension <input type="checkbox"/> 5-Day Suspension <input type="checkbox"/> Demotion <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Reduction in Base Pay <input type="checkbox"/> Language <input type="checkbox"/> Other _____			
Grievance Response			
Rationale			

Instructions: If dissatisfied with the answer, to be considered further, the grievance must be appealed to the next step within the timeframes referenced on the WLEA Employee Grievance Report.

Please refer to the WLEA Collective Bargaining Agreement for further information.