

**SANTA MONICA COMMUNITY COLLEGE DISTRICT**

**OFFICE OF HUMAN RESOURCES**

**GRIEVANCE - STEP II**

TO IMMEDIATE SUPERVISOR:	DEPARTMENT:
FROM GRIEVANT:	WORK LOCATION/SITE:

DATE OF EVENT GIVING RISE TO THE GRIEVANCE: (MONH/DAY/YEAR)	DATE STEP I FILED: (MONTH/DAY/YEAR)
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ATTACH ALL WRITTEN DECISIONS RENDERED AND ALL WRITTEN STATEMENT SUBMITTED IN STEP I.  
STATE REASON FOR THE APPEAL:

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IS A MEETING WITH THE SUPERINTENDENT/PRESIDENT OR DESIGNEE REQUESTED?  YES  NO

ADDITIONAL PERSON REQUESTED AT CONFERENCE (IF ANY):

NAME:	TITLE:
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SIGNATURE OF GRIEVANT:	DATE: (MONTH/DAY/YEAR)	REPRESENTATIVE (IF ANY):
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**OFFICE USE ONLY**

DATE GRIEVANCE RECEIVED:	MEETING DATE:	LAST DAY TO RESPOND:	RESPONSE DATE:	REQUESTED BY: <input type="checkbox"/> Grievant <input type="checkbox"/> Supervisor
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NATURE OF RESPONSE:  APPROVED  DENIED

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:	DATE:
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white-superintendent/president

yellow-office of human resources

pink-grievant