

APPENDIX V-B: GRIEVANCE APPEAL INSTRUCTIONS
SCHOOL DISTRICT OF MAUSTON

Complete the original and one copy of this form. Send the original to the next higher authority to hear the grievance. Retain one copy for your records. An appeal must be filed within the time limits provided or it will be dismissed with prejudice.

EMPLOYEE'S NAME	TITLE	DATE OF GRIEVANCE INITIATION
-----------------	-------	------------------------------

SCHOOL	SHIFT	LOCATION
--------	-------	----------

1. I wish to appeal the grievance disposition signed by:

Name	Title	Date
------	-------	------

2. Nature of Grievance:

3. What provision of the *Employee Handbook* has been violated?

4. Reason for Appeal:

EMPLOYEE'S SIGNATURE

DATE