DISTRICT/UTLA SCHOOL SITE
ALTERNATE GRIEVANCE PROCEDURE:
DISPUTE RESOLUTION PANEL FORM/CHECKLIST
FOR COORDINATOR

School: _____ Administrator: _____

Address: _____ Telephone No: _____

_____ Local District: _____

Grievant: _____ Employee No.: _____

CHECKLIST (Note time lines)

1. _____Date of non-confirmation of coordinator.

2. _____Date of submission of additional candidates for coordinator (Must be within 24 *hours of #1 for traditional calendar schools and 72 hours for multi-track schools.)*

3. _____Date of meeting between Administrator and Chapter Chair to decide on coordinatorship. *(Such meeting shall be conducted within 3 days of #2.)*

4. _____Date of (**Circle One**) **Resolution or Non-Resolution** of Site Administrator and Chapter Chair *(Determination made within 3 days of #3 above. If there is agreement, sign below and the process stops here. If there is non-agreement, sign below and continue with #5 and #6 below.*

_____	_____	_____
Administrator's Signature	Print Name	Employee Number

_____	_____	_____
Chapter Chair's Signature	Print Name	Employee Number

Complete Items 5 and 6 below ONLY if there is <u>non-agreement</u> in # 4 above

5._____ Date when employee files formal written complaint with site administrator, Staff Relations (formerly Employee Performance Accountability) and UTLA asking for the Dispute Resolution Panel (*must be submitted within 3 days of non-agreement as noted in Item #4 above*).

6. _____ Date this form, then mail and fax to the Staff Relations Field Director assigned to your local district.

<u>FAX Form to Staff Relations (213-241-8405)</u> and please fax a copy to UTLA (213-368-6256). If appropriate, a Dispute Resolution Panel will be dispatched through the Staff Relations Unit.