

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

School: \_\_\_\_\_

Administrator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

Local District: \_\_\_\_\_

**Issue:** (check one)

**Elementary Initial Grade Assignment**

**Initial Track Assignment**

**Secondary Initial Class Assignment**

Affected Teacher: \_\_\_\_\_  
(Must be in permanent status)

Employee No: \_\_\_\_\_

**CHECKLIST** (Note time lines)

1. \_\_\_\_\_ **Date teacher knew or should have known of initial assignment/track**
2. \_\_\_\_\_ **Date of Informal Meeting** (*Teacher must request a meeting with site administrator at the elementary level, and the site administrator and department chair at the secondary level within 3 days of #1 above. Such meeting shall be conducted within 3 days of the request.*)
3. \_\_\_\_\_ **Date of Formal Meeting of site administrator, department/grade level chair and chapter chair to resolve issue.** (*Teacher must request a meeting with site administrator at the elementary level, and the site administrator and department chair at the secondary level within 3 days of #2 above. Such meeting shall be conducted within 3 days of the request.*)
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 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 non-agreement 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.

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