SAN DIEGO UNIFIED SCHOOL DISTRICT
OFFICE OF RESOURCE DEVELOPMENT – MANDATED COST UNIT
COLLECTIVE BARGAINING 961/75
DISCIPLINE / GRIEVANCE PROCESS REIMBURSEMENT

STEWARD NAME:_____ EMPLOYEE ID#_____ BARGAINING UNIT_____

DEPARTMENT & LOCATION:_____ POSITION TITLE _____

Date	# Hours	Location of Meeting	Meeting With:	Purpose of Meeting (Each purpose must be listed separately and cannot be combined. If multiple purposes are accomplished during one (1) visit, provide a breakdown of each purpose on a separate line.)			Sub. Req'd.
/ /				___Discipline	___Grievance Investigation	Grievance level Representations (indicate level) 1 2 3 4 5	Y / N
/ /				___Discipline	___Grievance Investigation	Grievance level Representations (indicate level) 1 2 3 4 5	Y / N
/ /				___Discipline	___Grievance Investigation	Grievance level Representations (indicate level) 1 2 3 4 5	Y / N
/ /				___Discipline	___Grievance Investigation	Grievance level Representations (indicate level) 1 2 3 4 5	Y / N
/ /				___Discipline	___Grievance Investigation	Grievance level Representations (indicate level) 1 2 3 4 5	Y / N

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify under penalty of perjury to be true and correct based on your personal knowledge or information." **This information is used for cost accounting purposes only.**

Employee Signature_____ **Date**_____
If you have any question, please contact Labor Relations at 619-725-8020.

PLEASE SUBMIT THIS FORM AT THE END OF EACH MONTH TO:
Labor Relations Department, Eugene Brucker Education Center, 4100 Normal Street Room 1202, San Diego, CA 92103-2682

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Key to Grievance Levels:
1 – Informal Resolution
Immediate Supervisor
2 – Formal
Immediate Supervisor / Principal / Department Head
3 – Formal –District Level
4 – Mediation
5 - Arbitration