

**GRIEVANCE FORM B**

RESPONSE OF SUPERVISOR

**THIS FORM IS TO BE COMPLETED WITHIN 6 DAYS OF RECEIPT OF FORM A (4136.1)**

WHAT ARE THE FACTS AND THE ISSUES OF THE GRIEVANCE?

DECISION AND REASONS OF SUPERVISOR (PLEASE ADDRESS EACH SPECIFIC ISSUE RAISED IN THE GRIEVANCE):

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

cc: Grievant                      Human Resources  
      CCEA                         Supervisor

Approved by Superintendent, Robert D. Tschirki, October 6, 1993