

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

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

Administrator: \_\_\_\_\_  
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 scheduled within 3 days of 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 scheduled 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 item 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 and UTLA asking for the Dispute Resolution Panel. (Must be submitted within 3 days of non- agreement. Item #4 above)
6. \_\_\_\_\_ Date this form is mailed and faxed to \_\_\_\_\_ to the Staff Relations Field Director for your Local District and to UTLA (UTLA Fax 213-368-6256). If appropriate, a Dispute Resolution Panel will be dispatched through the Central Staff Relations Office.

**DISTRICT/UTLA SCHOOL SITE  
ALTERNATE GRIEVANCE PROCEDURE:  
DISPUTE RESOLUTION PANEL FORM/CHECKLIST  
FOR ALLEGED VIOLATION OF DEAN ELECTION  
OR FIVE YEAR OUT OF CLASSROOM VOTE**

School: \_\_\_\_\_ Administrator: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Local District: \_\_\_\_\_

Grievant \_\_\_\_\_ Employee No. \_\_\_\_\_

**CHECKLIST** (Note time lines)

1. \_\_\_\_\_ Date of announcement of election of dean or date of vote to determine if the 5 year out of classroom limit should be extended.
2. \_\_\_\_\_ Date of informal meeting between the grievance and administrator to resolve issue. (Such meeting shall be scheduled within 3 days of #1)
3. \_\_\_\_\_ Date of meeting between Administrator, Chapter Chair and grievant to solve the alleged violation. (Such meeting shall be scheduled within 3 days of #2.)
4. \_\_\_\_\_ Date of **(Circle One) Resolution or Non-Resolution** by 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 4 and 5 below.

\_\_\_\_\_  
Administrator's Signature                      Print Name                      Employee Number

\_\_\_\_\_  
Chapter Chair's Signature                      Print Name                      Employee Number

**Complete item 4 and 5 below ONLY if there is non-agreement.**

5. \_\_\_\_\_ Date of request for Dispute Resolution Panel.  
(Must be submitted within 3 days of # 4 above)
6. \_\_\_\_\_ Date this form is mailed and faxed to \_\_\_\_\_ to the Staff Relations Field Director for your Local District and to UTLA (UTLA Fax 213-368-6256). If appropriate, a Dispute Resolution Panel will be dispatched through the Central Staff Relations Office.

**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 scheduled 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 item 5 and 6 below ONLY if there is non-agreement.**

5. \_\_\_\_\_ Date of request for Dispute Resolution Panel. (Must be submitted within 3 days of non-agreement, item #4 above.)
6. \_\_\_\_\_ Date this form is mailed and faxed to \_\_\_\_\_ to the Staff Relations Field Director for your Local District and to UTLA (UTLA Fax 213-368-6256). If appropriate, a Dispute Resolution Panel will be dispatched through the Central Staff Relations Office.