**APPENDIX 6 Grievance Response – Superintendent’s Decision**

***NOTE:*** Distribution of this form is as follows; original submitted to the grievant; one (1) whole and complete copy of completed form, including dated signatures, to the association’s Grievance Committee Chairperson; and one (1) whole and complete copy of the completed form to the Association President.

***NOTE:*** The following must be completed by the District Superintendent within ten (10) days of meeting.

Grievant:

Date of Appeal:       Date of Hearing:

Decision of Superintendent & Reasons Therefore:

Date of Decision: Superintendent’s Signature:

Grievant’s Response: *NOTE:* The following must be completed by the grievant within eight (8) days after the meeting.

I accept the decision of the Superintendent as written above.

Date of Response: Grievant’s Signature: