

**APPENDIX 4 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: \_\_\_\_\_