

**FORMS FOR PART II
OF THE PROCEDURE FOR
ADJUSTING GRIEVANCES**

Enclosed herein are the necessary forms for adjusting grievances in accordance with Part II of the Grievance Procedure of the State Board of Education.

The grievant is advised to become familiar with the procedure for adjusting grievances. Special emphasis should be given to the procedural steps.

VIRGINIA BOARD OF EDUCATION

Carroll County Public Schools

STATEMENT OF GRIEVANCE

STEP 2 – TO BE PRESENTED TO PRINCIPAL

Name of grievant:	Date filed:
School/department of assignment:	Subject area or grade:
Immediate superior and/or principal:	Grievant's representative:

Policy, procedure, regulation, ordinance, statute being grieved:

Date you knew or reasonably should have known of its occurrence:

Statement of grievance:

Specific relief requested:

Grievant's Signature

Representative's Signature

Grievant's Name

Representative's Name

Date

Date

Carroll County Public Schools

PRINCIPAL'S DECISION

STEP 2 – DECISION TO BE PRESENTED TO GRIEVANT

Name of grievant:	Date grievance received:
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Decision of principal or designee:

___ I lack the authority to grant the relief requested.

_____ Signature of principal or designee	_____ Date
_____ Name of principal or designee	
Is the above decision acceptable to grievant? ___ Yes ___ No	

___ I hereby appeal this decision to Step 3, Superintendent.

Grievant's Signature

Grievant's Name

Date

Carroll County Public Schools

SUPERINTENDENT'S DECISION

STEP 3 – DECISION TO BE PRESENTED TO GRIEVANT

Name of grievant:	Date appeal received:
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Decision of superintendent or designee:

_____ Signature of superintendent or designee	_____ Date
_____ Name of superintendent or designee	
Is the above decision acceptable to grievant? ___ Yes ___ No	

___ I hereby appeal this decision to Step 4, School Board.

Grievant's Signature

Grievant's Name

Date

**FORMS FOR PART III
OF THE PROCEDURE FOR
ADJUSTING GRIEVANCES**

FORMS FOR PROPOSED DISMISSAL/PROBATION

Enclosed herein are the necessary forms for proposed dismissal/probation proceeding as prescribed in Part III of the procedure enacted by the State Board of Education.

VIRGINIA BOARD OF EDUCATION

Carroll County Public Schools

Request for Hearing

Name of Teacher

I hereby request that I be afforded a hearing on the Superintendent's recommendation for my dismissal before the School Board or, at the School Board's option, a hearing before a Hearing Officer to be appointed by the School Board.

Teacher's Signature

Representative's Signature

Teacher's Name

Representative's Name

Date

Date

Carroll County Public Schools

Notice of Proposed Dismissal

Date: _____

Name of Teacher

School/Department of Assignment

The Division Superintendent will recommend to the School Board that you be dismissed from your position as:

(Position)

At your request, reasons for this recommendation will be provided to you in writing or in a personal interview.

You have ten business days from receipt of this form to request, in writing, a hearing before the School Board or, at the option of the School Board, a hearing before a Hearing Officer. A copy of the Request for Hearing Form is attached.

Division Superintendent's Signature

Division Superintendent's Name

Date