



CERTIFICATED CONTRACT GRIEVANCE FORM – LEVEL III
Article 16 – Grievance/Arbitration Procedure (16.3.3)

REQUEST FOR MEDIATION

Employee's Name: _____

This section must be completed by the grievant. A copy of the completed Grievance Form – Level II must be attached.

I hereby request this grievance be moved to Level III, Mediation:

My representative is: _____

Employee's Signature: _____ Date: _____

The Superintendent/Designee shall, upon receipt of this request for mediation, within five (5) days, request the services of a mediator through the State Mediation and Conciliation Service, who shall meet with the parties and attempt to resolve the grievance.

If the grievance is not resolved in such a fashion, the grievant has ten (10) days from the date of the final mediation meeting to file the grievance at Level IV.