

MONTGOMERY COUNTY PUBLIC SCHOOLS

MCEA Grievance Form

Department of Labor Relations
MONTGOMERY COUNTY PUBLIC SCHOOLS
850 Hungerford Drive, Room 55, Rockville, Maryland 20850

INSTRUCTIONS

To file a grievance, an employee should reach out to MCEA **at** helpdesk@mceanea.org. If MCEA determines a grievance is appropriate, it will obtain a register number and file with the Department of Labor Relations (DLR). For more information, see Article 5, Grievance Procedure, in the Negotiated Agreement between MCEA and the Board of Education of Montgomery County.

GRIEVANT INFORMATION *(print or type)*

Employee ID# _____	MCEA Representative _____
Grievant Name _____	MCPS Office <i>(If Applicable)</i> _____
MCPS Office <i>(If Applicable)</i> _____	Signature _____
Title/Position _____	Date _____

REGISTER #: _____ **all grievances must have a register number to be heard.*

Describe alleged violation of contract, section of agreement violated, and state redress or remedy requested.

LEVEL ONE

Disposition: Denied Granted Withdrawn Other

Reason:

DLR Processing

Appeal received

Date _____ Initials _____

Appeal disposition

Date _____ Initials _____

Supervisor/Hearing Officer

Administrator Signature _____ Date _____

LEVEL TWO

MCEA hereby requests a Level Two appeal.

Association representative signature _____ Date _____

Disposition: Denied Granted Withdrawn Other

DLR Processing

Appeal received

Date _____ Initials _____

Appeal disposition

Date _____ Initials _____

Hearing Officer

If blank, please see attached hearing decision

Hearing Officer Signature _____ Date _____

LEVEL THREE

MCEA hereby requests a Level Three appeal.

Association representative signature _____ Date _____

Disposition: Denied Granted Withdrawn Other

DLR Processing

Appeal received

Date _____ Initials _____

Appeal disposition

Date _____ Initials _____

Superintendent of Schools/Designee

If blank, please see attached hearing decision

Superintendent of Schools/Designee Signature _____ Date _____

LEVEL FOUR

MCEA hereby moves to arbitration.

Association representative signature _____ Date _____