Appendix H
PEA Conflict Resolution Request Form

TO: Assistant Superintendent Date _____
Director of Human Resources

FROM:_____ _____
Name Title

RE: Request for Conflict Resolution

Pursuant to Article 9 in the PEA Bargaining Agreement, I/We request conflict resolution.

Description of unresolved conflict:

_____
_____
_____
_____
_____
_____
_____
_____

Date Received by Assistant Superintendent/Director of Human Resources: ____

Decision:

_____
_____
_____
_____
_____

_____ _____
Assistant Superintendent Director of Human Resources

This conflict is resolved to the satisfaction of both parties.

_____ _____
Signature of Teacher Date

_____ _____
Signature of Principal Date

cc: PEA Grievance Chairperson