

**APPENDIX D-1 - OVERSIZE CLASS  
GRIEVANCE FORM**

The undersigned grievant hereby submits the following grievance:

- (a) Facts:
- (b) Remedy Requested:
- (c) Contract sections violated, if any

Date: \_\_\_\_\_

\_\_\_\_\_  
GRIEVANT

DISPOSITION

Level 5:7(c)

Date: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL/ADMINISTRATOR

APPEAL

Level 5:7(d)

Date: \_\_\_\_\_

\_\_\_\_\_  
GRIEVANT

DISPOSITION

Level 5:7(d)

Date: \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT/DESIGNEE

APPEAL

Level 5:7(e)

Date: \_\_\_\_\_

\_\_\_\_\_  
GRIEVANT

DISPOSITION

Level 5:7(e)

Date: \_\_\_\_\_

\_\_\_\_\_  
BOARD OF EDUCATION

APPEAL

Level Arbitration

TO: Superintendent of Schools

FROM: President of NBFT  
I hereby approve arbitration.

Date: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT