

## **TRANSITIONAL SALARY TABLE DISPUTE FORM**

**Directions:** Use this form only if you want the Joint Hearing Panel to review a dispute regarding your placement on the Transitional Salary Schedule (TSS) . Your placement on the TSS affects your placement on the Professional Salary Table (*PST effective March 1<sup>st</sup>*). Filing of this form triggers the Joint Hearing Panel process and constitutes a waiver of your right to file a grievance under the Collective Bargaining Agreement. If you utilize the Joint Hearing Panel process, their decision or the Superintendent’s decision is final. Should you wish to file a grievance instead, please contact your Uniserv Director of the CCEA Office.

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You must return this form and the accompanying documentation to CCEA (via fax, email or hand delivery) by  
**5 p.m. on Friday, April 1<sup>st</sup>** to submit a dispute regarding your placement on TSS.  
**Email:** Salaryappeal@ccea-nv.org      **Fax:** (702) 866-6134

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If you already submitted a Salary Dispute Form to CCEA **DO NOT RESUBMIT YOUR DISPUTE.**  
Duplicate disputes concerning the same issue(s) will delay the Joint Hearing Panel or Superintendent’s final decision.

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- The “Joint Hearing Panel” consists of three administrators and three CCEA representatives who will consider our request.
  - Disputes shall be adjudicated based upon any documentation/evidence you provide, interpretation of the relevant Collective Bargaining Agreement language and/or application of past practice. Please note that any collective bargaining agreements or arbitration decisions that affected salary placement are not inclusive of this appeal.
  - If majority agreement cannot be reached, the Superintendent shall make the final decision regarding your placement.

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Fill out the information below COMPLETELY and attach this sheet to the documentation requested:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_ Email (NOT interact): \_\_\_\_\_

Home Address: \_\_\_\_\_

Current Assignment and Endorsement(s): \_\_\_\_\_ School/Site: \_\_\_\_\_

Your placement on the SALARY SCHEDULE at the start of the 15-16 school year: (Pg. 47 of the 15-17 Contract)  
Column: \_\_\_\_\_ Step: \_\_\_\_\_

Your **disputed** placement on the TRANSITIONAL SALARY SCHEDULE: (Pg. 46 of the 15-17 Contract)  
Column: \_\_\_\_\_ Step: \_\_\_\_\_

Your **current** placement on the PROFESSIONAL SALARY TABLE: (Pg. 44 of the 15-17 Contract)  
Column: \_\_\_\_\_ Step: \_\_\_\_\_

Years of Experience in Clark County: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Have you filed a request for column advancement with CCSD: Yes \_\_\_\_\_ No \_\_\_\_\_  
If *yes*, when did you submit that request? \_\_\_\_\_

Please attach:

- A more detailed explanation of why you believe your placement is incorrect.
- Any correspondence you provided to, or received from, Human Resources.
- Any additional documentation or information which supports your argument.
- Your January 10, January 25, February 10, February 25, and March 10 pay stubs.

Return all documentation to CCEA by no later than **5 p.m. Friday, April 1, 2016**