

EMPLOYEE NOTICE OF APPEAL – LEVEL TWO/THREE

HEREFORD ISD SCHOOL BOARD POLICY - DGBA

This form must be filled out completely by an employee appealing a Level One decision to the Assistant Superintendent or Superintendent, in accordance with the District's policies DGBA (LEGAL and LOCAL) or any exceptions outlined therein.

1. Name _____

2. Position/Campus _____

3. To whom did you last present your complaint? _____

Date of conference: _____

4. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Name _____

Address _____

Telephone _____

5. Attach a copy of the original complaint.

6. Attach a copy of the Level One decision being appealed.

Employee's Signature

Date Submitted

Received by: _____

Date Received: _____