

# EMPLOYEE NOTICE OF APPEAL TO THE BOARD – LEVEL FOUR

HEREFORD ISD SCHOOL BOARD POLICY - DGBA

This form must be filled out completely by an employee appealing a Level Two and Level Three decision to the Board, 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 Two and Level Three decisions being appealed.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Submitted

Received by: \_\_\_\_\_

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