



BELTON INDEPENDENT SCHOOL DISTRICT
LEVEL THREE
EMPLOYEE APPEAL FORM

Complete this form to appeal a Level Two decision, or lack thereof, in accordance with DGBA (LOCAL). Once completed, please provide a copy by hand delivery, fax, or U.S. Mail to the Superintendent within 10 days from the date of the written Level Two response or, if no response was received, within 10 days of the Level Two response deadline. For detailed information about the appeal process, please refer to DGBA (LOCAL).

1. Name of Employee: _____
2. Address: _____
3. Telephone #: _____
4. Date of Level Two Conference: _____
5. Administrator who held Level Two conference: _____
6. Administrator who made the Level Two decision: _____
7. Date of the Level Two decision, or, if no decision was made, deadline for the Level Two response: _____
8. Attach a copy of the Level Two decision and identify the part(s) of the Level Two decision that you want the Board of Trustees to review and why.

9. Attach the documents upon which you relied at Level Two (if any) and explain how they support your position in this appeal.

10. Identify the outcome or remedy you seek for this appeal:

11. Do you want the Board to hear this appeal in open session? _____
If so, the Board will consider your request; however you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

12. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

Employees Signature

Date

Name & Address of representative, if any:

Telephone #: _____