



BELTON INDEPENDENT SCHOOL DISTRICT
LEVEL TWO
EMPLOYEE APPEAL FORM

Complete this form to appeal a Level One decision, or lack thereof, in accordance with GF (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 One response or, if no response was received, within 10 days of the Level One response deadline. For detailed information about the appeal process, please refer to GF (LOCAL).

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

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

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

Employee's Signature

Date

Name & Address of representative, if any:

Telephone #: _____