Southgate Community Schools

Employment Decision Appeal Form

Name: _____

Date of Employment Decision: _____ Name of Supervisor: _____

Name of Person(s) Who Made Employment Decision: _____

_____

Specific Board Policy or Administrative Regulation Being Appealed: _____

_____

Please Describe the Reason for this Appeal (attach additional sheets if necessary): _____

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Employee Signature: _____Today's Date: _____