

Paulding Exempted Village Schools

**Form to Request an Appeal Meeting**

Educator's Name: \_\_\_\_\_

Date of Plan Submission: \_\_\_\_\_ Date educator notified of Plan rejection: \_\_\_\_\_

Reason(s) given by LPDC for Plan rejection:

Representative of LPDC consulted: \_\_\_\_\_

Date of consultation: \_\_\_\_\_

Date this appeal personally delivered to LPDC: \_\_\_\_\_

Date of Appeal meeting: \_\_\_\_\_

Appeals Hearing Committee:

Rep. appointed by LPDC: \_\_\_\_\_

Rep. chosen by the educator: \_\_\_\_\_

Rep. chosen jointly by LPDC and the educator: \_\_\_\_\_

Disposition of the appeal: \_\_\_\_\_ LPDC decision upheld; educator must rewrite Plan  
\_\_\_\_\_ Educator upheld and Plan, as written, is approved

Signature of the educator, accepting the disposition: \_\_\_\_\_

Signature of the educator, rejecting the disposition: \_\_\_\_\_

Signatures of Appeals Hearing Committee Members: \_\_\_\_\_

\_\_\_\_\_