

**Tarkington ISD**

- This form must be filled out completely by an employee appealing a Level One grievance decision to Level Two in accordance with Board Policies **DGBA (LEGAL)** and **DGBA (LOCAL)**.
- This notice shall be given to the superintendent or the superintendent's designee within the timelines provided in DGBA (LOCAL).

1. NAME: \_\_\_\_\_

2. POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

3. NAME OF SUPERVISOR/ADMINISTRATOR WHOSE DECISION YOU ARE APPEALING:  
\_\_\_\_\_  
\_\_\_\_\_

4. DATE YOU RECEIVED THE LEVEL ONE DECISION YOU ARE APPEALING: \_\_\_\_\_

5. IF YOU WILL BE REPRESENTED IN PURSUING YOUR APPEAL, PLEASE IDENTIFY THAT INDIVIDUAL OR ORGANIZATION.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

6. ATTACH A COPY OF THE ORIGINAL LEVEL ONE GRIEVANCE, IN ITS ENTIRETY.

7. ATTACH A COPY OF THE LEVEL ONE DECISION BEING APPEALED, IN ITS ENTIRETY.

8. EXPLAIN YOUR PARTICULAR OBJECTION TO THE LEVEL ONE DECISION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF EMPLOYEE FILING THE APPEAL:** \_\_\_\_\_

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

Address: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax# \_\_\_\_\_

**SIGNATURE OF PERSON RECEIVING THIS FORM:** \_\_\_\_\_

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

Address: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_