



CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF  

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HUMAN RESOURCES

**LEVEL TWO  
NOTICE OF APPEAL TO SUPERINTENDENT**

This form must be filled out completely by an employee appealing a Level One decision to the superintendent or designee in accordance with the District's policy DGBA (LEGAL) & (LOCAL) or any exceptions outlined therein.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

2. Position: \_\_\_\_\_ Campus: \_\_\_\_\_

3. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

4. To whom did you present your complaint at Level One? \_\_\_\_\_

Date of the conference \_\_\_\_\_

Date you received a response to the Level One Conference \_\_\_\_\_

5. Please explain specifically how you disagree with the outcome at Level One.

\_\_\_\_\_  
\_\_\_\_\_

6. Attach a copy of your original complaint and any documentation submitted at Level One.

7. Attach a copy of the Level One response being appealed, if applicable.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Filing

\_\_\_\_\_  
Signature of Employee's representative

\_\_\_\_\_  
Superintendent's Signature

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