



CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF  

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HUMAN RESOURCES

**LEVEL THREE APPEAL NOTICE**  
**TO BOARD OF TRUSTEES**

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA (LOCAL). Appeals will be heard in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein. **Please be advised that you will not be allowed to present any new evidence at the Level Three hearing, unless such evidence is presented at the Level One conference. You will have ten (10) minutes to present your grievance at the Board meeting.**

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

2. Address \_\_\_\_\_

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

3. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_

5. To whom did you present your appeal at Level Two? \_\_\_\_\_

Date of Conference \_\_\_\_\_

Date you received a response to the Level Two conference \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level Two.

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

7. Do you want the Board to hear this appeal in open session? \_\_\_\_\_

Please be advised that the Texas Open Meetings Act may prevent the Board from granting a request for open session if the grievance involves a complaint against a District employee.

8. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

9. Attach a copy of the Level Two response being appealed, if applicable.

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

\_\_\_\_\_  
Signature of employee's representative

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