Texas Teacher Evaluation Support System (T-TESS)
Request for Second Appraisal

Employee Information

Full Name: _____ _____ _____ Date: _____
Last *First* *M.I.*

_____ _____ _____
Campus *Assignment* *Employee #*

Name of Appraiser: _____ Date of Post Conference: _____

☐ **I am requesting a second appraisal.**

Reason for Second Appraisal

_____

_____

_____

_____

_____

Teacher Signature: _____ Date: _____

Human Resources Department

Date Received: _____

Date Assigned Second Appraiser: _____

Name of Second Appraiser: _____

Campus of Second Appraiser: _____