



- 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 _____