



- This form must be filled out completely by an employee appealing a Level Two grievance decision to the Board in accordance with Board Policies **DGBA (LEGAL)** and **DGBA (LOCAL)**.
- This appeal shall be given to the superintendent within the timelines provided in DGBA (LOCAL).
- The superintendent or designee shall provide the Board with copies of the employee's original grievance, all responses and any written documentation previously submitted by the employee and the administration. The Board is not required to consider documentation not previously submitted or issues not previously presented.

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

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

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

4. DATE YOU RECEIVED THE LEVEL TWO 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, IN ITS ENTIRETY.

8. ATTACH A COPY OF THE LEVEL TWO APPEAL, IN ITS ENTIRETY.

9. ATTACH A COPY OF THE LEVEL TWO DECISION BEING APPEALED, IN ITS ENTIRETY.

10. EXPLAIN YOUR PARTICULAR OBJECTION TO THE LEVEL TWO 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 \_\_\_\_\_