Clint ISD Central Office
14521 Horizon Boulevard
El Paso, TX 79928
Phone (915) 926-4000

Date Received

SCHOOL DISTRICT

Exhibit B EMPLOYEE GRIEVANCE **DGBA (LEGAL) & (LOCAL)**

Optional Appeal
To Central Office Administrator

Any employee filing a grievance must fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to an appropriate central administrator within the time established in DGBA (Local), which is 20 days from receiving a written decision. A grievance filed via e-mail must be copied to the Director of Employee Relations. All grievances will be processed in accordance with DGBA (Legal) and (Local). Please be advised that the only remedies ruled upon shall be those listed in the Optional Appeal Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Grievant's information (All information is required) PLEASE PRINT

Name		**Employee ID**
Address	**City/State**	**E-mail**
Phone	**Position/Assignment**	**Campus/Department**

If you will be represented, please identify the person representing you.

☐ Legal Counsel ☐ Representative	**Name/Organization**	
Address	**City/State**	
Phone	**E-mail**	

1. To whom did you present your grievance at Level One?

   _____

   Date conference was held: _____

2. Date you received the written response to the Level One Conference: _____

3. Why do you disagree with the Level One response? Please explain in detail. Specifically list the remedy or remedies requested, but not granted, at Level One.

   _____

   _____

   _____

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Grievant, please note:
A grievance form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a grievance. Attach to this form any documents you believe will support the grievance. Please keep a copy of the completed form and any supporting documentation for your records. If established by policy, a review or appeal of a grievance must be conducted by a person with the authority to address the grievance unless a preliminary hearing is necessary to develop a record or a recommendation for the board of trustees of the school district. Please be advised that a grievant is allowed to add claims or documents during the grievance process. However, the grievance may be remanded to a lower level in order to develop the record, if necessary. Please be advised that the only remedies ruled upon shall be those listed in the Level One Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Employee Signature	Print Name	Date of Filing
Signature of Employee's representative	Print Name	Date
Superintendent's signature/Designee	Print Name	Date Received