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

Date Received

# SCHOOL DISTRICT

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

## Level Two
## Notice of Appeal

**This form must be filled out completely by an employee appealing a Level One decision to the Superintendent or designee in accordance with the District's policy DGBA (Legal) & (Local). To appeal a Level One decision, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the Superintendent or designee within the time established in DGBA (Local). Appeals must be filed within 20 days of receiving a written decision. Please be advised that the only remedies ruled upon shall be those listed in the Level Two 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<br>☐ 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 |