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

SCHOOL DISTRICT

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

Level Three Appeal Notice
To Board of Trustees

To appeal a Level Two 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. Appeals will be heard in accordance with DGBA (Legal) and (Local). Please be advised that the only remedies ruled upon shall be those listed in the Level Three Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the presiding officer of the Board, 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 in voicing your appeal, 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 Two?

   _____

   Date conference was held: _____

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

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

   _____

   _____

   _____

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4. Do you want the Board to hear this appeal in open session? _____
   Please be advised that the Texas Open Meetings Act may prevent the Board from granting a request for open session if the grievance involves a grievance against a District employee or involves student-related information.

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 Three Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the presiding officer of the Board, 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