

### Exhibit E — Level Three Appeal Notice

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the Superintendent or designee within the time established in DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

If you will be represented in presenting your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Who held the Level Two conference? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level Two conference: \_\_\_\_\_

Please explain specifically how you disagree with the outcome at Level Two.

\_\_\_\_\_  
\_\_\_\_\_

**Wade Stanford**  
Superintendent

**Laura Jones**  
Assistant Superintendent  
of Curriculum, Instruction & Leadership

**Chris Alford**  
Assistant Superintendent  
of Finance & Operations

PERSONNEL-MANAGEMENT RELATIONS  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA  
(EXHIBIT)

Do you want the Board to hear this appeal in open session?

☐ No

☐ Yes

If yes, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

Attach a copy of the Level Two response being appealed, if applicable.

Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

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Superintendent

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Assistant Superintendent  
of Curriculum, Instruction & Leadership

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