Katy Independent School District

NOTICE OF APPEAL AT LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision, or the lack of a timely response after a Level One conference. The completed form may be submitted by hand delivery, U.S. mail, or by electronic communications including email or fax to the Employee Relations Officer in the Human Resources Department in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein. Employees may not present a complaint to the Board until all administrative remedies (appeal processes) have been exhausted. Additional pages may be attached, if necessary.

Name: _____

Email Address: _____

Work Telephone: _____ Cell or Home Phone: _____

Address: _____

City: _____ State: _____Zip: _____

Position: _____Campus/Department: _____

1. To whom did you present your complaint at Level One? _____
2. Date of the Level One conference: _____
3. Date you received a response to the Level One Conference: _____
4. Please explain how you disagree with the outcome at Level One:

   _____

   _____

   _____

5. If you will be represented in voicing your appeal, please identify the person representing you:

   Name:_____

   Title: _____

   Address: _____

   _____

   Telephone Number: _____

   Email Address:_____

   ❑ 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.

Attach a copy of your original complaint and any documentation submitted at Level One. The scope of the grievance and/or the relief sought may not change after the Level One conference.

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

A complaint form that is incomplete may be dismissed but may be resubmitted when all required information is completed if the resubmission is within the designated time for filing a complaint.

A resolved grievance may not be appealed to the next level.

Employee Signature:	Date:
Signature of Representative, if applicable:	Date:

FOR OFFICE USE ONLY	
Date and Time Received:	Case Number: