Katy Independent School District

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision, or the lack of a timely response after a Level Two conference. The completed form may be submitted by hand delivery, U.S. mail, or by electronic communications including email and fax to the District's General Counsel in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein. Additional pages may be attached, if necessary.

Name: _____

Daytime Telephone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____Zip: _____

Position: _____Campus/Department: _____

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

   _____

   _____

   _____

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

   Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.

6. If you will be represented in voicing your complaint, 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 and Level Two. The scope of the grievance and/or the relief sought may not change after the Level One conference.

Attach a copy of the Level Two 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.

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

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