EMPLOYEE LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, 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 ()	
Position	Department/campus
If you will be represorganization represor	sented in pursuing your complaint, please identify the individual or enting you:
Name:	
Address: _	
Talanhana.	
reiephone: _	
To whom did you p	resent your appeal at Level Two?
Date of conference	
Date you received a	response to the Level Two conference
Please explain spec	ifically how you disagree with the outcome at Level Two:
If so, the Board will Texas Open Meetin Attach a copy of yo copy of your Level	pard to hear this appeal in open session?
Employee signature	
Signature of employee's representative	
Date of filing	