

EMPLOYEE GRIEVANCE
LEVEL TWO APPEAL

DGBA-R
(EXHIBIT 2)

- This form must be filled out completely by an employee appealing a Level One grievance decision to Level Two in accordance with Board Policies **DGBA (LEGAL)** and **DGBA (LOCAL)**.
- This notice shall be given to the superintendent or the superintendent's designee within the timelines provided in **DGBA (LOCAL)**.

1. NAME: _____
2. POSITION: _____ LOCATION: _____
3. NAME OF SUPERVISOR/ADMINISTRATOR WHOSE DECISION YOU ARE APPEALING:

4. DATE YOU RECEIVED THE LEVEL ONE DECISION YOU ARE APPEALING:

5. IF YOU WILL BE REPRESENTED IN PURSUING YOUR APPEAL, PLEASE IDENTIFY THAT INDIVIDUAL OR ORGANIZATION.
NAME: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____
6. ATTACH A COPY OF THE ORIGINAL LEVEL ONE GRIEVANCE, IN ITS ENTIRETY.
7. ATTACH A COPY OF THE LEVEL ONE DECISION BEING APPEALED, IN ITS ENTIRETY.
8. EXPLAIN YOUR PARTICULAR OBJECTION TO THE LEVEL ONE DECISION:

SIGNATURE OF EMPLOYEE

FILING THE APPEAL: _____ **DATE:** _____

Address: _____

Daytime Phone Number _____ Alternate Phone Number _____

E-mail address _____ Fax # _____

SIGNATURE OF PERSON

RECEIVING THIS FORM: _____ **Date Received** _____

Address: _____

Daytime Phone Number _____ Alternate Phone Number _____

CONTACT: ASSISTANT SUPERINTENDENT
OF HUMAN RESOURCES

04/08/02
Issued
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