LUFKIN INDEPENDENT SCHOOL DISTRICT P.O. BOX 1407 – LUFKIN, TEXAS 75902 936 634-6696 FAX 936 699-2601

Level Two Appeal Notice

To appeal a Level One decision, or the lack of timely response after a Level One 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		
PositionDepartment/campus		
If you will be represented in pursuing 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 One conference?		
Date of conference		
Date you received a response to the Level One conference		

Please explain specifically how you disagree with the outcome at Level One:

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Attach a copy of the original complaint and any documentation submitted at Level One.

Attach a copy of the Level One response being appealed, if applicable.	
Employee signature	
Signature of employee's representative	
Date of filing	
Complainant, please note:	
1 11 0	nplete in any material way may be dismissed but may ion if the refiling is within the designated time for

Please keep a copy of the completed form and any supporting documentation for your records.