Form KCA-0012

DISCIPLINARY REVIEW & APPEAL FORM

FOR OFFICE USE

EMPLOYEE NAME:

DUE DATE : *Within 7 days after notification of school board's ruling for discipline.*

SECTION 1.

Employee or Volunteer Filing the Appeal:

Name: _____
Last First Middle

Position: _____
Title

SECTION 2.

I appeal the ruling by the principal / school board with regard to the discipline I have been ordered to receive.

The reason or reasons I appeal the principal / school board's decision are:

(add separate page if needed)

SECTION 3.

I understand that the appeals process can be lengthy. I also understand that when the Disciplinary Review Panel makes a recommendation, such recommendation will be given due consideration, but that the final decision still rests with the school board.

_____ _____
Signature Date

(After completing this form, please submit this form to the principal or a school board member.)

OFFICE USE ONLY

Received By: _____ Date Received: _____

Date Forwarded to Disciplinary Review Panel: _____