

**Board of Trustees Request for Appeal of  
Notice of Recommended Termination  
Contract Termination Form 1:**



*THIS FORM IS USED BY EMPLOYEES WHO REPORT  
DIRECTLY TO THE CHANCELLOR*

**Employee:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please remember to attach a summary of the basis for your appeal.

Office of the Chancellor Date Received: \_\_\_\_\_.

Receiving Employee in the Chancellor's Office: \_\_\_\_\_.  
Printed Name

\_\_\_\_\_  
Signature

**Request for Appeal of Notice of Recommended Termination  
Contract Termination Form 2:**



**Employee:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please remember to attach a summary of the basis for your appeal.

Office of the Chancellor Date Received: \_\_\_\_\_.

Receiving Employee in the Chancellor's Office: \_\_\_\_\_.  
Printed Name

\_\_\_\_\_  
Signature

**Appeal Receipt and Hearing Notification**  
**Contract Termination Form 3:**



Receipt Notice Sent To:

\_\_\_\_\_  
Print Name

Receipt Notice Sent By:

\_\_\_\_\_  
Print Name

CMRRR No.:

\_\_\_\_\_  
Certified Mail Return Receipt Request No.

Date Receipt of Notice Sent:

\_\_\_\_\_

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**Appeal Receipt and Conference Notification**

I acknowledge receipt of your Appeal challenging the recommendation my office has received under Section IV.F.10.13 of the Lone Star College System District Policy Manual for termination of your employment contract. I have tentatively scheduled your hearing for the date, time, and place below. If this time conflicts with your schedule or you are otherwise unable to make this appointment, please inform my office as soon as possible so we can reschedule to a more convenient time.

**Time:**

\_\_\_\_\_

**Location:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

\_\_\_\_\_  
Stephen C. Head, Ph.D.  
Chancellor

\_\_\_\_\_  
Date

**Appeal Statement**  
**Contract Termination Form 4**



\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Please identify your concerns regarding continued employment of \_\_\_\_\_. This statement must be completed by the employee and by the employee's supervising President, Vice Chancellor, or Chief Area Officer. This statement must be filed with the Office of the Chancellor at least **10 working days before the hearing.**

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**Request for Board Procedural Appeal of Contract Termination**  
**Contract Termination Form 5:**



Employee:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**Specific Board Policy Allegedly Violated:** \_\_\_\_\_  
(Please reference specific policy sections) \_\_\_\_\_

Please remember to attach a summary of the basis for your appeal.