

Request for Appeal of Change in Contract Status (Form 1):

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 Conference Notification (Form 2):

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:



Appeal Receipt and Conference Notification

I acknowledge receipt of your Appeal challenging the recommendation my office has received under Section IV.F.8 of the Lone Star College System District Policy Manual for a change in your contract status. I have tentatively scheduled your conference for the date, time, and place below. If this time conflicts with your schedule, or you are otherwise unable to make this appointment, please let me know as soon as possible so we can reschedule to a more convenient time. I must inform you of my decision within 15 working days of receiving your Notice of Appeal. In light of that requirement, this conference must occur relatively soon to allow me sufficient time to consider your Appeal in detail before that deadline.

Time: _____

Location: _____

Date: _____

Dr. Stephen C. Head

Date

Request for Board Appeal of Change in Contract Status (Form 3):

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.