Name:  Building:

Date Submitted:

If you do not agree with a decision made by the Local Professional Development Committee (LPDC), you must submit this form to the Personnel Office. You have ten (10) days from the notification date to submit your appeal.

1. Briefly describe why you are appealing the decision. Please be prepared with supporting documentation at your appeal hearing.

Signature Date

**For LPDC Use only**

1. Date Appeal Form received / by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LPDC Committee Member
2. Appeal hearing date & time
3. Confirmation of educator’s intent to attend appeal hearing
4. Date of decision

**Appeal Decision** **[ ]  Yes** **[ ]  No**

Appeal Decision Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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