



COUNTYWIDE APPEAL FORM

Name _____ District/Building _____

Email _____

I formally request an appeal to the Countywide Professional Development Committee based on the following:

- Recommendation of non-renewal of license
- IPDP not approved
- Coursework, Clock Hours or proposed Educational Activity not approved

Rationale for this appeal:

Please attach supportive documentation.

Signature

Print Name

Date

For LCESC Use Only:

Appeal form received on _____ (date) by _____ (name)

The appeal hearing will take place on _____ (date) at _____ (time)

The location of the hearing is _____

Notification of Appeal Hearing Sent on _____

Confirmation of Employee's Intent to Attend Appeal Received on _____

Comments: