

**VERMILION LOCAL SCHOOL DISTRICT
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE**

APPEAL FORM

Name

Date Submitted

Building

Present Assignment

I am appealing the following action taken by the LPDC on

Date of Action

Rejection of IPDP

Rejection of Coursework Proposal

Rejection of Workshop/Conference Proposal

Rejection of Workshop/Conference Evaluation

Rejection of Equivalent Activity Proposal

Rejection of Equivalent Activity Evaluation

Recommendation of non-renewal of certificate/license

Signature of Applicant

FOR LPDC USE:

The appeal hearing will take place on _____ at _____.

PLEASE COME TO THE HEARING WITH SUPPORTIVE DOCUMENTATION.

Confirmation of this meeting is to be made within 5 working days by phoning

_____ **at** _____.

Signature of LPDC Chairperson

Date