EUFAULA PUBLIC SCHOOLS Hearing Request Form

To: Clerk of the Eufaula Board of Education Eufaula School District 215 North 6th Street Eufaula, Oklahoma 74432-0609
I hereby request a hearing before the Board of Education concerning the:
Suspension Without Pay as a Disciplinary Measure
Demotion Action
Termination Action
Proposed Non-Re Employment
I acknowledge receipt of the Notice, dated (month,day,year) , concerning above action.
I understand that the hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least ten (10) days prior to the next, or the next succeeding, regularly scheduled meeting of the Board, unless I check the line below requesting a special meeting of the Board of Education.
I request a special meeting of the Board of Education to be held no earlier than ten (10) days nor later than thirty (30) days after receipt of this hearing request.

Name of Support Employee	
	Employee's Signature