U.S.D. No. ____ S.B. 40 Hearing Request Form

Name of Requestor:		
Address:		
Email Address:		
Telephone Number:		
Describe the action, order, or policy of the U.S.D Board of Education you wish to contest.		
	Please note that actions, orders, or policies not taken within the last 30 days, those whice taken in response to the disaster emergency related to the COVID-19 health emergency, which do not affect the operation of any school or district attendance center are not subprovisions of S.B. 40 entitling the requestor to a hearing within 72 hours. Requests regardaction, order, or policy not meeting the aforementioned requirements may be dismissed hearing.	or those ject to the rding a board
Please indicate which category is applicable to the Requestor	I have standing to request this hearing as a current U.S.D \square employee, \square student, or \square guardian of a student allegedly aggrieved by such a decision.	parent, or
by checking the box preceding		
the option.	Please be advised that only individuals who are present U.S.D employees, students, guardians of students allegedly aggrieved by the board decision have a legal right to requipursuant to this legislation. Requests for hearing made by persons without such standing dismissed without hearing.	uest a hearing
On what grounds are you		_
contesting the board action		_
described above?		_
		_
		_
		_
		_
		_
		_
	Attach additional sheets if necessary.	_
	,	
What action do you believe the board should take to resolve		_
this situation?		_

If the request is not dismissed for procedural reasons as stated above, the Requestor will be contacted by the method(s) provided above regarding the scheduling of a hearing withing the 72 hours of filing this request with the board clerk or superintendent of schools of the district. Failure to appear at the scheduled hearing will be deemed a waiver of the right to a hearing on this matter.