

SAU 18 Professional Development Right of Appeal

Name: _____ Date: _____

School: _____

Part I: The educator will complete this application to appeal a decision by the Professional Development Committee (PDC) and submit it to the PDC, along with a copy of the denied *Professional Development Cumulative Record* and the current *Individual Professional Development Form*. This shall be done within **15** days of receipt of the decision.

Title and description of the activity:

Rationale for appeal:

Part II: The PDC will convene a meeting to review your request as written above.

Part III: The PDC will complete this form and notify the appellant of the decision within **ten (10)** school days after the date of the meeting.

Decision regarding appeal:

Signatures of committee members:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Option 1