

_____ **PUBLIC SCHOOLS**

Notice of Proposed Dismissal

Date: _____

Name of Teacher

School/Department of Assignment

The Division Superintendent will recommend to the School Board that you be dismissed from your position as:

(Position)

At your request, reasons for this recommendation will be provided to you in writing or in a personal interview.

You have ten business days from receipt of this form to request, in writing, a hearing before the School Board or, at the option of the School Board, a hearing before a Hearing Officer. A copy of the Request for Hearing Form is attached.

Division Superintendent's Signature

Division Superintendent's Name

Date