



Wellness Incentive Appeal Request Form

Form Instructions:

Please complete this form to request an appeal regarding the Cleveland Metropolitan School District Wellness Incentive. In order to request this appeal, please complete Sections A & B of the form below and submit the form via email to Victoria.Brian@ClevelandMetroSchools.org. Please complete with as much detail as possible to support your appeal request. You may be contacted for additional information, if necessary. Appeal must be filed within 60 days of when you knew or should have known of the event for which the relief is requested. This appeal request neither supersedes nor replaces any other grievance process available to you. Any grievance filing requirements are held in abeyance during this appeal process.

Section A: Employee Information

CMSD Employee First Name		CMSD Employee Last Name						
Employee ID Number	Phone Number		Email Address					
Bargaining Group Affiliation—Please check appropriate box below.								
Building Trades	District 1199	Local 244	Local 279	Local 407	Local 777	Local 860	OPBA	Non-Bargaining

Section B: Appeal Information

Type of Appeal (Check all that apply)		Spouse's Name, if spousal appeal requested	
Employee	Spouse		
Please provide an explanation for your appeal, including any relevant facts for consideration by the committee, and your requested remedy. Please provide any supporting documentation regarding your appeal as separate attachment(s) to this appeal request. Please check here if your appeal includes additional separate exhibits			
Employee Signature			Date

Section C: Appeal Decision—To be completed by CMSD

Appeal Outcome			Date
Approved	Denied	Pended	
Additional information			