



# 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 [Benefits@ClevelandMetroSchools.org](mailto:Benefits@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 279	Local 407
			Local 436
			Local 777
			Local 860
			OPBA
			Non-Bargaining

**Section B: Appeal Information**

Type of Appeal (Check all that apply) Employee	Spouse	Spouse's Name, if spousal appeal requested
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 Approved	Denied	Pended	Date
Additional information			