

CONNECTICUT VOCATIONAL TECHNICAL SCHOOL SYSTEM

APPEAL FORM

TEACHER OF THE YEAR

Date: _____

Name: _____
PRINT

School: _____

The following information must be completed and received by the Superintendent of Schools **no later than March 1st**. The decision of the Superintendent of Schools will be final and is not grievable or arbitrable. An appeal should be based on a violation of any or all of the following:

1. Pre-established Criteria for Nominating
2. Selection Process
3. Timelines

Explain the reason(s) why you qualify for further consideration as a nominee for your school's Teacher of the Year Program:

SIGNATURE