

Date

Name
Address
Address

RE: Name Clearing Hearing

Dear _____:

This letter is to inform you that effective _____, your services as _____ are no longer required by the School District.

If you believe that, in relation to this action, false statements that are damaging to your reputation have been made, you may request a name-clearing hearing within fourteen (14) calendar days of the effective date of the termination of your employment. If you wish to request a name-clearing hearing pursuant to the attached Policy _____ and Procedure _____, please complete the attached Request for Name-Clearing Hearing form and submit the completed form to _____.

The name-clearing hearing is not an appeal of your termination, and will not result in reinstatement to the position from which you were terminated.

Sincerely,

Name
Position

Enclosures

cc: Personnel File