

STATE OF MICHIGAN
STATE TENURE COMMISSION

[Name of teacher], Appellant

v

Docket No. **[Leave blank]**

[Name of school district], Appellee

CLAIM OF APPEAL

[Name of teacher] [if applicable, insert “, by his (or her) attorney,”] appeals a decision of **[name of school district]** and requests a hearing. Appellant requests that the hearing be **[insert “private” or “public”]** and alleges as follows.

JURISDICTION

[State the basis for the jurisdiction of the State Tenure Commission, including when and where Appellant acquired tenure and the date of Appellee’s discharge or demotion decision that Appellant is challenging.]

FACTS

[In numbered paragraphs, state clearly and concisely specific allegations of fact that reasonably inform Appellee of the nature of Appellant’s claim.]

ALLEGATIONS OF ERROR

[In numbered paragraphs, describe clearly and concisely the specific allegations of error that reasonably inform Appellee of the nature of Appellant’s claim that Appellee violated the Teachers’ Tenure Act.]

Attach to the claim of appeal a copy of the decision by Appellee that Appellant is challenging and, if applicable, a copy of the charges filed against Appellant.]

RELIEF

[In numbered paragraphs, state the relief requested by Appellant. The relief must be within the jurisdiction of the State Tenure Commission.]

Dated: _____

**[Signature of Appellant or Appellant’s attorney]
[Name, address, telephone number, facsimile number (if available), and email address of individual signing claim of appeal]**