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Note: The forms on the following pages are provided to assist the District in notifying employees of term contract nonrenewal.

Exhibit A—Notice of Proposed Term Contract Nonrenewal

Date of notice: _____

Employee name: _____

On _____ (*date of meeting*), the Board voted to propose nonrenewal of your employment contract for the following reasons:

[List all applicable reasons from DFBB(LOCAL).
Attach an additional sheet of paper if necessary.]

Attached is a copy of the District's DFBB(LOCAL) policy regarding nonrenewal of term contracts.

The Board has determined that any hearing on this proposed nonrenewal will be conducted as follows:

- Before the Board. To request a hearing on the Board's proposed nonrenewal of your employment contract, you must submit a written request to the Board not later than the 15th day after the date you receive this notice.
- Before an independent hearing examiner appointed by the Commissioner of Education. To request a hearing on the Board's proposed nonrenewal of your employment contract, you must submit a written request to the Commissioner of Education for appointment of an independent hearing examiner, and provide the Board a copy of the request, not later than the 15th day after the date you receive this notice.

If you do not request a hearing within 15 days of receiving this notice, the Board will vote to nonrenew your contract.

Please direct questions regarding the proposed nonrenewal of your contract to the Superintendent.

Signature

Printed name

Title

**Exhibit B—Documentation of Delivery:
Notice of Proposed Nonrenewal**

(For office use only. This document to be retained in the employee's personnel file.)

Employee name: _____

(Notice must be delivered personally by hand delivery to the employee on the campus at which the employee is employed.)

Hand delivery:

Completed: _____ Attempted: _____ *(check only one)*

Date: _____ By: _____ *(name)*

(If the employee is not present on the campus on the date that hand delivery is attempted, the notice must be mailed by prepaid certified mail or delivered by express delivery service to the employee's address of record with the District.)

Mail or delivery service:

Sent by: Certified mail _____ Express delivery service _____ *(check only one)*

Employee's address of record:

Date: _____ By: _____ *(name)*

Exhibit C—Notice of Term Contract Nonrenewal

(To be used to notify an employee of the Board's final action to nonrenew a term contract. If the employee fails to request a hearing, this notice must be provided not later than the 30th day after the date notice of proposed nonrenewal was sent to the employee.)

Date of notice: _____

Employee name: _____

On _____ (*date of meeting*), the Board took final action to nonrenew your employment contract. Your employment with the District will end effective the last duty day of the school year.

Please direct questions regarding the nonrenewal of your contract to the Superintendent.

Signature

Printed name

Title