

Houston ISD
101912

EMPLOYEE RIGHTS AND PRIVILEGES
PERSONNEL-MANAGEMENT RELATIONS

DGB
(EXHIBIT)

See the following exhibits:

Exhibit A: Houston Independent School District Consultation Request Form – 2 pages

Exhibit B: Houston Independent School District Consultation Response Form – 1 page

EXHIBIT A

HOUSTON INDEPENDENT SCHOOL DISTRICT CONSULTATION REQUEST FORM

Date: _____

To: _____
Name of the direct report facilitating the consultation meeting

Select the consultation group:

- Administrative
- Instructional
- Noninstructional

Date(s) of the consultation group meeting(s) where the information was presented or discussed:

Requestor's Name: _____

State your request, suggestion, or recommendation and desired outcome:

Note: The appropriate administrator will respond in writing by the next regularly scheduled consultation meeting. The consultation group will be informed if additional time is needed to respond. [See DGB1(REGULATION), REQUEST PROCESS RESPONSE]

All issues, resolved or unresolved, should be reported to the chief of staff on a monthly basis by the facilitator of the consultation group. This section requires signatures of consultation members, employee organization members, and superintendent's cabinet member or designee, as appropriate. [See DGB1(REGULATION), RESOLUTION OUTCOMES]

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The signatures of affected parties indicate the request has been closed if resolved, or assigned for follow up, if unresolved.

RESOLVED ISSUE

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

UNRESOLVED ISSUE (ASSIGNED FOR FOLLOW UP – SEE PAGE ONE)

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

EXHIBIT B

HOUSTON INDEPENDENT SCHOOL DISTRICT CONSULTATION RESPONSE FORM

If additional time is required by the staff member to complete research, the request for additional time will be forwarded, in writing, to the employee consultation group with a new time-line for providing the response. The request for additional time shall be forwarded to the Superintendent's cabinet member in charge of consultation no later than two days prior to the next scheduled consultation meeting.

Date: _____

To: _____
Senior staff member

Subject: RESPONSE TO _____
Requestor's name

Select the consultation group:

- Administrative
- Instructional
- Noninstructional

Type of action needed: _____

**A resolution process is provided to consultation members to appeal decisions
[See DGB1(REGULATION), RESOLUTION OUTCOMES]**

Response:

Signature

Date

Upon resolution, a copy of this form should be attached to the Consultation Request Form for filing.