

## **COVID-19 Health Emergency Hearing Request Form**

Kansas Senate Bill No. 40 grants authority to the Paola School District Board of Education to take any action, issue any order, or adopt any policy, in response to a COVID-19 state of disaster emergency, which affects the operation of any school or attendance center of the school district.

An employee, a student or the parent or guardian of a student aggrieved by an action taken, order issued, or policy adopted by the Board of Education of the District or an action of an employee of the District violating any such action, order, or policy, may request a hearing by the District's Board of Education to contest the action within thirty (30) days of the action.

Please note that actions, orders, or policies not taken within the last 30 days, those which are not taken in response to the disaster emergency related to the COVID-19 health emergency, or those which do not affect the operation of any school or district attendance center are not subject to the provisions of S.B. 40 entitling the requestor to a hearing within 72 hours. Requests regarding a board action, order, or policy not meeting the aforementioned requirements may be dismissed without hearing.

USD 368 deems the complaint is filed once this form is properly filled out and turned into the Deputy Clerk of the Board at 1115 E. 303<sup>rd</sup> Street, Paola, KS or <a href="lorent-crum@usd368.org">loralei\_crum@usd368.org</a>. Complaints after the close of normal business hours will be deemed received at the start of the next business day. If the 72 hours expires during a weekend or holiday, the hearing will take place the first business day following the weekend or holiday. All hearings shall be open to the public unless the complainant requests the hearing to be closed under a recognized exception to the Kansas Open Meetings Act.

The District's Board of Education will issue a hearing decision within seven (7) days after the hearing is conducted.

*Name:		
Please check which status you fall under:	StudentEmployeeParent/Guardian Other (Please specify)	
*Email:		
*Home Address:		
City:		Zip Code:
*Phone Numbers: (Cell)	Work:	
*Student(s) Name:		
*School(s) of Attendance:		
*Employee (Department or school site):		

Please be advised that only individuals who are current U.S.D. 368 employees, students, or parents or guardians of students allegedly aggrieved by the board decision have a legal right to request a hearing pursuant to this legislation. Requests for hearing made by persons without such standing may be dismissed without hearing.

*CONTESTED ACTION:	
*DATE OF THE BOE MEETING OF CONTESTED ACTION:	
*HOW WERE YOU AGRIEVED BY THE ACTION?	
*WHAT RESOLUTION ARE YOU REQUESTING?	
Please provide or attach any supportive documentation or information you wish to be considered, all documentation needs to be provided at least two hours before the hearing.	lered. In order to be
Requestor's Signature Da	te

## \*REQUIRED INFORMATION IN ORDER TO PROCESS FORM.

If the request is not dismissed for procedural reasons as stated above, the Requestor will be contacted by the method(s) provided above regarding the scheduling of a hearing within the 72 hours of filing this request with the board clerk or superintendent of schools of the district. Failure to appear at the scheduled hearing will be deemed a waiver of the right to a hearing on this matter.