



General Information

Name of employee filing appeal: \_\_\_\_\_

Employee's address: \_\_\_\_\_

Employee's telephone numbers:

Work \_\_\_\_\_

Home or cell \_\_\_\_\_

How should the city contact employee?: \_\_\_\_\_

Employee's job title: \_\_\_\_\_

Department: \_\_\_\_\_

City work schedule: \_\_\_\_\_

Name of employee's representative (if any): \_\_\_\_\_

Representative's address: \_\_\_\_\_

Representative's telephone number: \_\_\_\_\_

Decision being appealed:

- Written Warning (Tier 1)
- Suspension 2 days or less (Tier 2)
- Suspension more than 2 days (Tier 3)
- Demotion (Tier 3)
- Termination (Tier 3)

Date of decision being appealed: \_\_\_\_\_

Person who took action: \_\_\_\_\_

Briefly describe the reason for the appeal. For Tier 2 and 3 disciplinary action, the employee should specifically explain the reasons for submitting the appeal (attach additional pages if necessary):

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Department Director Decision (*Attach reason for decision for Tier 2 and Tier 3 disciplinary action*)

- Uphold
- Rescind
- Modify \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Employee Appeals Board Hearing Request – Tier 3 Only**

Specific statement of issues considered by department head or designee which are being appealed (attach additional pages if necessary)

Witnesses who may testify at appeal (attach additional pages if necessary):

Name:  
Address:  
Telephone:

Name:  
Address:  
Telephone:

Name:  
Address:  
Telephone:

Attach all documents considered by the department head or designee which you intend to introduce at the hearing.

What action do you want the Employee Appeals Board to take and why?



What additional discovery do you believe is necessary for the Employee Appeals Board to properly consider your appeal and why is that discovery necessary?

I hereby request a hearing before the Employee Appeals Board.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date