

Notice of Appeal of Disciplinary Action

General Information	
Name of employee filing appeal:	
Employee's address:	
TT	
How should the city contact employee?:	
Employee's job title:	
Department:	
City work schedule:	
Name of employee's representative (if any	y):
Representative's address:	
Representative's telephone number:	
Decision being appealed:	
 Suspension 2 days or less (Tier 2) Suspension more than 2 days (Tier 	□ Demotion (Tier 3) □ Termination (Tier 3)
Date of decision being appealed:	
Person who took action:	
	For Tier 2 and 3 disciplinary action, the employee should tting the appeal (attach additional pages if necessary):
Employee's Signature	Date
Department Director Decision (<i>Attach rea</i> . Uphold Rescind Modify	son for decision for Tier 2 and Tier 3 disciplinary action)
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