

NOTICE OF APPEAL BEFORE SALT LAKE CITY EMPLOYEE APPEALS BOARD

Name of employee filing appeal: _____

Employee's address: _____

Employee's telephone numbers:

Work _____

Home or cell _____

Employee's job title: _____

Department: _____

City work schedule: _____

Decision being appealed:

Brief description of decision (discharge, suspension, demotion):

Date of decision being appealed: _____

Person who took action: _____

Name of employee's representative (if any): _____

Representative's address: _____

Representative's telephone number: _____

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