



MEMORANDUM

TO: Mary Lou Rizzo, Director
Human Resources

DATE: _____

FROM: NAME: _____

SUBJECT: APPEAL REQUEST

ID #: _____

Please be advised that I wish to request an appeal hearing for the following action:

CHECK THE APPROPRIATE BOX:

DATE OF ACTION

- | | | | | |
|--------------------------|----|--|----------------|-------|
| <input type="checkbox"/> | 1. | Disciplinary Action | | _____ |
| | | <input type="checkbox"/> a. Suspension | (length) _____ | |
| | | <input type="checkbox"/> b. Demotion | | |
| | | <input type="checkbox"/> c. Dismissal | | |
| <input type="checkbox"/> | 2. | Performance Evaluation | | _____ |
| <input type="checkbox"/> | 3. | Disability, determination | | _____ |
| <input type="checkbox"/> | 4. | Classification Action | | _____ |
| <input type="checkbox"/> | 5. | Job Abandonment | | _____ |
| <input type="checkbox"/> | 6. | Career Service Grievance | | _____ |
| <input type="checkbox"/> | 7. | Employee Protection Ordinance | | _____ |
| <input type="checkbox"/> | 8. | Name Clearing Hearing | | _____ |

You may contact me at the following address and telephone number:

Street

City, State, Zip

Phone

c: "APPROPRIATE DEPARTMENT DIRECTOR"
"DEPARTMENTAL PERSONNEL REPRESENTATIVE"