



NOTICE OF APPEAL OF DISCIPLINARY ACTION
NON-UNION EMPLOYEE

This form is to be used by employees who have received a Notice of Disciplinary Action and who wish to appeal that action to their department head/division administrator. This appeal only applies to suspensions without pay, fines, demotions or terminations. Employees intending to file an appeal must complete this form and provide it to the department head/division administrator within five (5) working days of their receipt of the Notice of Disciplinary Action.

Employee Name: _____

Department/Division: _____

Job Title/Classification: _____

Date of Receipt of Notice of Disciplinary Action: _____

DISCIPLINARY ACTION

Suspension of _____ (time)

Fined _____ dollars

Demoted from _____ to _____

Termination effective _____

REASON FOR APPEAL

I did not engage in employee misconduct.

The penalty is not appropriate.

There are additional facts or circumstances that should be considered.

Other reason (attach additional pages if necessary):

STATE IN DETAIL THE BASIS FOR THIS APPEAL (ATTACH ADDITIONAL PAGES IF NECESSARY):

SIGN AND DATE BELOW:

EMPLOYEE SIGNATURE

DATE

Reminder Note: This form must be provided to the employing department head/division manager within five (5) working days from the date on which the Notice of Disciplinary Action was received.