

Request for Appeal

To Request an Appeal to the Personnel Board

EMPLOYE INFORMATION				
Name:			Department:	
T. I. To'd			N N 1	
Job Title:			Phone Number:	
Current Address:				
	Address	Cit	ty S	State ZIP
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APPEAL INFORM				D (CA):
Type of action bein ☐ Termination	g appeased: ☐ Demotion or Reduction in Pay	Suspension in	n Evenes of 30 Days	Date of Action:
, 1				
Please provide specific reasons for appealing the action:				
Employee Signature	<mark>:</mark>		Date:	
TO BE COMPLETED BY HR				
Date Submitted:	Does the appeal meet the guideli			ion taken and timeliness?
	□ Yes		□ No	
HR Director Signatt	ure:		Date:	