



CITY OF LITTLE ROCK

HUMAN RESOURCES DEPARTMENT

500 W. Markham - Suite 130W - Little Rock, Arkansas 72201-1428
(501) 371-4590 λ FAX (501) 371-4496
www.littlerock.gov

DISCIPLINARY ACTION APPEAL HEARING REQUEST FOR NON-UNIFORM EMPLOYEES

To request a disciplinary action appeal hearing, you must meet eligibility requirements and do so within ten (10) days from receipt of the disciplinary action (City of Little Rock's Personnel Policy and Procedure Manual, V- 4.1). Please complete this form and submit it to the Human Resources Department.

I, _____, request a hearing to appeal the following disciplinary action:
(Employee Name)

- | | | | |
|--------------------------|---------------------------------|--------------------------|------------|
| <input type="checkbox"/> | Written Reprimand (AFSCME only) | <input type="checkbox"/> | Suspension |
| <input type="checkbox"/> | Termination | <input type="checkbox"/> | Demotion |

Date Disciplinary Action Was Received: _____

A copy of the disciplinary action is / is not attached. (*Circle one*)

Employee's Home Address: _____

Employee's Home Telephone Number: _____

Employee's Email Address: _____

Employee's Signature

Date

NOTE TO EMPLOYEE REQUESTING APPEAL: You have the right to have a union steward, attorney, or other representative to represent you. If you plan to have a representative, you must provide the name, address and telephone number of your representative to the Human Resources Department within ten (10) days from receipt of the disciplinary action. If you obtain representation after this timeframe, the hearing will not be rescheduled to accommodate his/her attendance. You have the right to review all material the Department used to base their decision to take this action against you and receive a list of witnesses to be called at the hearing. The department will contact you when the information is ready to be picked up. The information can only be picked up by you. You will have to sign a statement designating receipt of materials.

I WILL BE REPRESENTED BY THE FOLLOWING INDIVIDUAL:

Union Representative

Name

Telephone Number

Attorney

Other (Please Specify)

Address

Please coordinate with this individual for scheduling.

HR Representative Only:

Received By: _____

Date & Time: _____

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