



CITY OF LITTLE ROCK

COPY: Check One

- Human Resources Personnel File
- Human Resources Disciplinary File
- Department
- Division
- Employee

NON-UNIFORM EMPLOYEE DISCIPLINARY ACTION FORM RECORD OF TERMINATION

DATE _____
 EMPLOYEE # _____
 DEPARTMENT _____
 DIVISION _____
 EFFECTIVE DATE _____

Employee Name

Complete Home Mailing Address

This is to advise you that your employment with the City of Little Rock is hereby terminated for the following reasons:

You have the right to appeal this action and may request an administrative hearing within ten (10) working days upon receipt of this letter.

_____/_____
 Employee's Signature / Date Immediate Supervisor's Signature / Date
 (Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

OR (if applicable)

_____/_____
 1. Witness / Date Division Manager's Signature / Date

_____/_____
 2. Witness / Date Department Director's Signature / Date
 (indicates review and approval)

_____/_____
 Union Steward's Signature / Date
 (if applicable)