

# CITY OF LITTLE ROCK

## HUMAN RESOURCES – LABOR AND EMPLOYEE RELATIONS DIVISION

500 W. Markham - Suite B18 - Little Rock, Arkansas 72201-1428  
(501) 371-4590 λ FAX (501) 244-5475  
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) business 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)

Written Reprimand (AFSCME only)  Suspension  Termination  Demotion

Date Disciplinary Action Was Received: \_\_\_\_\_ A copy of the disciplinary action is / is not attached. (circle one)

Employee's Mailing Address: \_\_\_\_\_

Employee's Telephone Number: \_\_\_\_\_

Employee's Email Address: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*(Completed by a Human Resources Representative)*

Tentative Date for Hearing: \_\_\_\_\_ Tentative Location for Hearing: \_\_\_\_\_

**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) business 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  Attorney  Other: \_\_\_\_\_

\_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

<b>HR Representative Only:</b>
Received By: _____
Date & Time: _____

**I confirm that I have received a copy of the Disciplinary Action Appeal Hearing Procedural Manual.**

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Date