



## Notice of Appeal of Discipline

### General Information

Name of employee: \_\_\_\_\_

Employee's address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (work) \_\_\_\_\_ (home/mobile)

Personal email: \_\_\_\_\_

How should the city contact you? \_\_\_\_\_

Job title/Department: \_\_\_\_\_

Name of employee's representative (if any): \_\_\_\_\_

Representative's email: \_\_\_\_\_

Representative's telephone number: \_\_\_\_\_ (work) \_\_\_\_\_ (home/mobile)

### Decision being appealed:

- |   |   |
|---|---|
| <input type="checkbox"/> Suspension of 2 days or less (24 hours or less for fire fighters) (Tier 2)     | <input type="checkbox"/> Demotion (Tier 3)    |
| <input type="checkbox"/> Suspension of more than 2 days (more than 24 hours for fire fighters) (Tier 3) | <input type="checkbox"/> Termination (Tier 3) |

Date of decision being appealed: \_\_\_\_\_

Person who took action: \_\_\_\_\_

**Director Appeals.** You may appeal Tier 2 and Tier 3 discipline by submitting this form to your Department Director (or designer) via email within ten (10) calendar days of the date of the action being appealed.

**Disciplinary Appeals Hearing Officer.** You may appeal a Department Director's final decision on Tier 3 discipline to a disciplinary appeals hearing officer by submitted this form to the Salt Lake City Recorder via email: [slcrecorder@slcgov.com](mailto:slcrecorder@slcgov.com) or in person (8:30 am – 5:00 pm M-F at City Hall, Room 415) within ten (10) calendar days of the date of the action being appealed.

For all appeals, the employee must specifically explain the reasons why they think the disciplinary decision should be overturned in their appeal submission. Submit additional pages with this form as necessary.

Please refer to Salt Lake City Policy 3.05.03, Salt Lake City Code 2.24.010-070, and any applicable Memorandum of Understanding, for additional information about the appeal process.

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

\_\_\_\_\_  
Date