



GRIEVANCE APPEAL FORM

On this date, _____, I hereby appeal to the Personnel Board my:

_____ Dismissal

_____ Suspension

_____ Demotion

I, _____ admit the charge/charges brought against me.

_____ deny the charge/charges brought against me.

_____ Other _____

The disciplinary action taken against me should not become effective due to the following reasons:

_____ The action is too severe

_____ I am not guilty of the charges brought against me

_____ Other _____

The relief I seek is: _____

Signature _____

Department _____

Mailing Address (Home) _____

City, State, Zip _____

Telephone _____

Please attach any previous discussions by supervisor or department head that relates to this request.