

Request for Appeal Hearing Before the Salt Lake County Career Service Council

Appeal Pre-Filing Form

Employee/Appellant <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 10%;" type="text"/> Home Phone <input style="width: 20%;" type="text"/> Mobile Phone <input style="width: 20%;" type="text"/> Department/Elected Office <input style="width: 100%;" type="text"/> Division <input style="width: 15%;" type="text"/> Supervisor's Name <input style="width: 30%;" type="text"/>	<i>If Appellant will have Legal or Other Representation:</i> Name <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 10%;" type="text"/> Home Phone <input style="width: 20%;" type="text"/> Mobile Phone <input style="width: 20%;" type="text"/>
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 Employment Status: Merit Employee Probationary Applicant

I am appealing:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Termination | <input type="checkbox"/> Demotion | <input type="checkbox"/> Extension of Probation |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Disciplinary Transfer | <input type="checkbox"/> Applicant Rejected for Examination |

Provide a detailed statement regarding your appeal and specify what action(s) are being appealed. Attach any discipline letters, grievance decisions, and any other applicable documents.

(1)	Date of Event/Disciplinary Action Being Appealed	<input style="width: 90%;" type="text"/>
(2)	<u>Division Director or Administrator Grievance Review</u>	
	Notification of Intent to Pursue Action	Date of Notification <input style="width: 80%;" type="text"/>
	Division Director or Administrator Written Decision	Date of Decision <input style="width: 80%;" type="text"/>
	Results of Division Director or Administrator Level of Review:	<input style="width: 100%;" type="text"/>
(3)	<u>Department Director or Elected Official Grievance Review</u>	
	Notification of Intent to Pursue Action	Date of Notification <input style="width: 80%;" type="text"/>
	Department Director or Elected Official Written Decision	Date of Decision <input style="width: 80%;" type="text"/>
	Results of Department Director or Elected Official Level of Review:	<input style="width: 100%;" type="text"/>

List witnesses you anticipate testifying at your hearing.

Name	Job Title/Relationship

What remedies do you want the Career Service Council to provide?

I have read and understand Salt Lake County Human Resources Policy 3-500: Grievance Appeals and Human Resources Policy 3-500(A): CSC Appeals and acknowledge that I have followed these procedures. I hereby request a hearing before the Salt Lake County Career Service Council.

Signature of Employee/Appellant

Date

Please email or mail this document and supporting attachments to:

- Career Service Council Coordinator at CSCBoard@saltlakecounty.gov
- Mail: Attn. Career Service Council Coordinator
2001 South State Street, N4-700, Salt Lake City, Utah 84190-3150