

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

## Appeal Pre-Filing Form

Employee/Appellant <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 10%;" type="text"/> Business Phone <input style="width: 15%;" type="text"/> Home Phone <input style="width: 15%;" type="text"/> Department/Elected Office <input style="width: 90%;" type="text"/> Division <input style="width: 15%;" type="text"/> Supervisor's Name <input style="width: 30%;" type="text"/>	If Appellant will have Legal or Other Representation: Name <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 10%;" type="text"/> Business Phone <input style="width: 15%;" type="text"/> Home Phone <input style="width: 15%;" type="text"/>
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Employment Status:      Merit Employee                      Non-Merit Probationary                      Applicant

Note: non-merit and probationary employees and applicants only have the right to appeal discrimination, except that probationary employees may also appeal the extension of probation.

I am appealing:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Termination  | <input type="checkbox"/> Demotion               | <input type="checkbox"/> Overall "Does Not Meet" Job Expectations |
| <input type="checkbox"/> Discrimination   | <input type="checkbox"/> Extension of Probation | <input type="checkbox"/> Reduction in Pay                         |
| <input type="checkbox"/> Suspension   | <input type="checkbox"/> Disciplinary Transfer  | <input type="checkbox"/> Retaliation                              |
| <input type="checkbox"/> Establishment/Maintenance of Registers, Selection Procedures/Removal from Register |   |   |

Date of Event/Disciplinary Action Being Appealed

Please provide a detailed statement regarding your appeal and specify what action(s) are being appealed

(1)	Informal Level of Review Notification to Supervisor of Intent to Pursue Action Supervisor's Response or Date It Should Have Been Received Results of Informal Level Review: <input style="width: 250px;" type="text"/>	Date Discussed <input style="width: 100px;" type="text"/> Date of Notification <input style="width: 100px;" type="text"/> Date of Response <input style="width: 100px;" type="text"/>
(2)	Written Level of Review Request for Response from Division Director Division Director's Response or Date It Should Have Been Received Results of Informal Level Appeal: <input style="width: 250px;" type="text"/>	Date of Request <input style="width: 100px;" type="text"/> Date of Response <input style="width: 100px;" type="text"/>
(3)	Department/Elected Official Level of Review Request for Department/Elected Official Response or Date It Should Have Been Received Results of Department/Elected Official Level Appeal: <input style="width: 250px;" type="text"/>	Date of Request <input style="width: 100px;" type="text"/>

**Note:** Failure by the appellant to file within the required time limits without written justification as required by policy shall void the appeal petition.

Salt Lake County Career Service Council  
**Career Service Council Level**

If the Department or Elected Official level of review was waived/by-passed, please provide the justification or reason(s) you have or were given. You may attach any letters you receive regarding the issue:

Note: Written justification must be provided and accepted before an appeal can bypass an established level of review. If the justification is not accepted by the Council, your appeal will be denied.

Please list any witnesses you anticipate testifying at your hearing (this list may be modified at the pre-hearing or during the hearing without objection of opposing counsel (see the Career Service Council Guidelines and Operating Procedures which may be obtained from the Councils Coordinator):

Name	Address	Phone

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

I have read and understand Salt Lake County Personnel Policy & Procedure, 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 submit this document to Councils Coordinator  
 2001 South State Street, N4-700, Salt Lake City, Utah 84190-3150