



CITY OF PINE BLUFF APPLICATION FOR APPEAL

NOTICE: Pursuant to Section 501.2 of the Non-Uniformed Employees Handbook for the City of Pine Bluff, an employee's Application for Appeal must be completed and turned in to the Department of Human Resources within five (5) workdays of the action complained of. Pursuant to Section 501.6 of the handbook, Applications not submitted within five (5) workdays of the action complained of will be rejected unless the Application contains a "satisfactory explanation reflecting unavoidable casualty or justifiable neglect why the Application was not timely filed." Please be advised that the Administration Committee may or may not hear your appeal, depending on evidence presented.

Instructions for Completion of this Application

1. Please use a pen or typewriter to complete this form.
2. Please use additional paper if needed.
3. After you complete the form, return it to the Department of Human Resources.

I. NATURE OF APPEAL

Instructions: Check only one of the following four choices. If the circumstances leading to your appeal do not include a suspension without pay, demotion or termination, check "Violation of Rights." If the violation of rights occurred in the context of your suspension without pay, demotion, or termination, check one of those three choices.

Check any of the following to denote the nature of your appeal.

- Suspension Without Pay
- Demotion
- Termination
- Violation of Rights (This includes rights under the U.S. or Arkansas Ordinances and policy of the City of Pine Bluff, Arkansas)

If you checked D (Violation of Rights), state which rights you believe were violated.

If you checked A, B, or C, what was the date of the suspension, demotion or termination?

If you checked D, what was the date of the violation, or over what time period were your rights violated?

Name of the person who directed your suspension, demotion, or termination?

II. STATEMENT OF FACTS

Detail exactly what happened to you to cause you to file this Application for Appeal. Be as specific and thorough as possible as your appeal may be decided based upon this application and any response. If you need additional space, use notebook paper and attach to this form

III. WITNESS

List the names of all the witnesses who have knowledge of the facts you related above.

IV. DOCUMENTS

List all documents you contend are related to this Application for Appeal. If you have copies, attach them to this form.

V. STATEMENT OF UNAVOIDABLE CASUALTY OR EXCUSABLE NEGLECT

Complete this section only if you are submitting this Application for Appeal to the Department of Human Resources more than five (5) workdays after the action taken against you.

I verify that the foregoing statements are true and correct to the best of my knowledge and believe and that I file this Application for Appeal in good faith.

Signature of Applicant

Date

Address: _____

City _____ State _____ Zip _____