

Request for Appeal Hearing Weber County Career Service Council

Employee/Appellant	If Appellant will have Legal or Other Representation:	
Address	Name	
City State Zip	Address	
Business Phone Home Phone	City State Zip	
Department/Elected Office	Business Phone Home Phone	
Division Supervisor's Name		
I am appealing:		
Termination Demotion	Rejection from Examination	
Discrimination Disciplinary Transfer		
Suspension Reduction in Pay		
Date of Event/Disciplinary Action Being Appealed		

Please provide a detailed statement regarding your appeal and specify what action(s) are being appealed (Attach Additional Pages if Needed)

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):

Name	Address	Phone

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

I have read and understand Weber County Policy 3-700, and acknowledge that I have followed these procedures. I hereby request a hearing before the Weber County Career Service Council.

HumanResources@co.weber.ut.us

Signature of Employee/Appellant		Date
	Please submit this document to Human Resources	
	2380 Washington Blvd., Suite 340, Ogden, UT 84401	