

Employee's Appeal Form



Webb County Civil Service

_____ vs. _____
(Employee Name) (Department/Office Name)

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____
Home Address _____ Home Phone _____
City, ST Zip _____ Cell Phone _____

Department Information

Dept. Head: _____ Supervisor Name _____
Title _____ Title _____
Office Address _____ Office Address _____
City, ST Zip _____ City, ST Zip _____
Office Phone _____ Office Phone _____

Disciplinary Action, Occurrence or Condition which Employee Appeals

<input type="checkbox"/> Demotion	<input type="checkbox"/> Suspension for ____ working days	<input type="checkbox"/> Termination of Employment
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Other Action, Occurrence or Condition: _____
Date of Action, Occurrence or Condition: _____

Appeal Information

Explain reason for dissatisfaction and specific provision of law or Civil Service Rules & Regulations believed violated. Please attach additional sheet(s) if necessary:
