



CITY OF MEMPHIS - CIVIL SERVICE COMMISSION

REQUEST FOR APPEAL HEARING

Please complete the following sections:

SECTION I

I, _____,
(Employee's full name – please print)

do hereby request an appeal hearing before the City of Memphis Civil Service Commission on the

matter of my: (Please check (✓) the appropriate disciplinary action)

_____ termination
_____ disciplinary demotion
_____ suspension

from the Division of: _____

SECTION II

Your Current Mailing Address:

Street Number

City

State

Zip Code

Your Current Telephone Number:

Employee's Signature

Date

(To be completed by the Personnel Services Division)

AFFIX DATE STAMP



Received by