



APPEAL REQUEST FORM

CH-41

Local Health Department Employment Personnel Council
275 East Main Street
Frankfort, Kentucky 40621

Request for Appeal

This appeal to the Local Health Department Employment Personnel Council hereby filed pursuant to the provisions of Administrative Regulation 902 KAR 8:100.

Name (Last, First, MI, Soc. Security Number)
Work Station Address (Street, City, State, Zip Code)
Home Phone, Work Phone
Local Health Department
Name of Appointing Authority
Are You Represented by an Attorney (No, Yes)
Attorney's Name
Address (Street, City, State, Zip Code)
Phone Number
I am a: (Regular Status Employee, Application for Employment, Eligible on Register)
I am appealing the following actions: (Dismissal, Demotion, Suspension, Rejection of application or removal of name from register, Discrimination)

Regular Status Employee, Applicant or Eligible

Please Complete This Section

The following is a short, plain, and concise statement of the facts which relate to the action I
appealing;

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

Date of Receipt of Notice of Appealed Action: _____

(Attach a copy of any written notice which you received relating to this appeal)

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

| | |
|--------------------------------------|-------|
| _____ | _____ |
| Attorney's Signature (If Applicable) | Date |

This Form is to be Mailed or Delivered To;
Department for Public Health
Local Health Department Employment Personnel Council
Division of Administration & Financial Management
Local Health Personnel Section
275 East Main Street, HS1W-D
Frankfort, Kentucky 40621

January 1998
CH-41