



Request for an Appeal
To the
Louisville Metro Merit Board

Name _____ Dept. _____ Div. _____
If applicable

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Other Phone () _____

I, _____, hereby request a hearing before the Louisville Metro Merit Board on the discipline imposed by the above named department as follows:

Suspension _____: Number of days _____

Demotion _____ Lay – off _____ Termination _____

Political Discrimination _____ Effective date of the action: _____

Please state a brief outline of the circumstances leading to the discipline:

Signature Date

_____ This appeal has been hand delivered by _____ to the Louisville Metro Merit Board on (date) _____.

Signature of the receiving person _____

_____ This appeal has been mailed prepaid postage U.S. Mail on (date) _____

Signature of mailing person _____