



# CITY OF LAREDO REQUEST FOR APPEAL

For HR Use Only

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Emp. #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Dept./Div.: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee Address  
(for correspondence purposes) \_\_\_\_\_  
Address City State Zip Code

Employee Telephone  
Contact Information: \_\_\_\_\_  
Home/Cell # Alt. Phone #

In accordance with the Municipal Civil Service Rules and Regulations of the City of Laredo, I hereby request a hearing concerning the following:

- Suspension                       Demotion                       Termination

Effective Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Appeal statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_