

**FULTON COUNTY GOVERNMENT**

**CLASSIFIED EMPLOYEES APPEAL OF DISCIPLINARY ACTION**

\_\_\_\_\_  
Date

Pursuant to the provisions of the Fulton County Civil Service Act of 1982 (as amended) and the applicable Fulton County Policies and Procedures, I hereby appeal the following disciplinary actions(s) taken against me, for which I have suffered a loss of salary, grade or classification (complete as applicable) and request for a hearing before an administrative hearing officer at the earliest practicable date:

- (1) Dismissal \_\_\_\_\_ Effective Date \_\_\_\_\_ Date Notified \_\_\_\_\_
- (2) Suspension \_\_\_\_\_ Effective Date \_\_\_\_\_ Date Notified \_\_\_\_\_
- (3) Demotion \_\_\_\_\_ Effective Date \_\_\_\_\_ Date Notified \_\_\_\_\_
- (4) Other \_\_\_\_\_ Effective Date \_\_\_\_\_ Date Notified \_\_\_\_\_

In making this appeal, I hereby certify that the following information is true and correct:

- A. That I am a permanent Fulton County employee in the Classified Service and as such I am entitled to make this appeal. Yes \_\_\_ or No \_\_\_.
- B. That this appeal is timely, having been made within ten (10) working days from the date of my being notified of this disciplinary action, as provided by law. Yes \_\_\_ or No \_\_. If No, explain why the appeal is untimely?
- C. That I received notice at least 24 hours prior to the effective date of the disciplinary action? Yes \_\_\_ or No \_\_\_.
- D. That the disciplinary action involved was a suspension, demotion, or termination? Yes \_\_\_ or No \_\_. If Yes, which type of discipline was involved?

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
Print Name of Appellant

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Current Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Cellular and/or Alternative Number

Email: