



NON-UNIFORM EMPLOYEE DISCIPLINARY ACTION FORM RECORD OF TERMINATION

COPY: Check One

- Human Resources Personnel File
- Human Resources Disciplinary File
- Department
- Division
- Employee

DATE _____
 EMPLOYEE # _____
 DEPARTMENT _____
 DIVISION EFFECTIVE _____
 DATE _____
 ELIGIBLE FOR REHIRE YES NO

Employee Name

Complete Home Mailing Address

This is to advise you that your employment with the City of Little Rock is hereby terminated for the following reasons:

You have the right to appeal this action and may request an administrative hearing within ten (10) working days upon receipt of this letter. Contact Labor and Employee Relations Division - Human Resources Department

_____/_____
 Employee's Signature Date Immediate Supervisor's Signature Date
 (Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

OR (if applicable)

_____/_____
 1. Witness Date Division Manager's Signature Date

_____/_____
 2. Witness Date Department Director's Signature Date
 (indicates review and approval)

_____/_____
 Union Steward's Signature Date
 (if applicable)