

NOTICE OF APPEAL FORM

Request for Appeal of Reduction in Salary, Demotion in Grade, Reduction in Force or Termination

[PER 5.04](#) permits a regular status employee to appeal a permanent reduction in salary, demotion in grade, reduction in force or termination. The employee must submit this form to the Vice President of Human Resources or his/her designee within ten (10) workdays of the receipt of the notice of action taken if the notice was handed to the employee personally, or within ten (10) workdays of the date on which the notice of action taken was mailed to the employee by certified mail (return receipt requested). Once completed, the notice of appeal form may be delivered in person or mailed to: VPHR, Human Resources, 215 Central Ave. Ste. 205, Louisville, Kentucky 40208-2770. The Staff Grievance Officer is available to consult with staff members in each step of the appeal process, including the preparation of this form. The Staff Grievance Officer, Sandy Russell, can be reached at 852-4652 or via e-mail at sdruss02@louisville.edu.

Employee Information

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____ Home/Mobile Phone: _____
UofL ID#: _____ Date of action that prompted appeal: _____

Request for Appeal

Do you believe there was no reasonable basis for the university's action? Yes No

If yes, please explain in detail why you believe your reduction in salary, demotion in grade, reduction in force or termination had no reasonable basis (attach additional pages if necessary):

Do you believe there was a substantial departure from university procedures which prejudiced you? Yes No

If yes, please explain in detail why you believe there was a substantial departure from university procedures which prejudiced you in your reduction in salary, demotion in grade, reduction in force or termination (attach additional pages if necessary):

Remedy

State your requested remedy:

AUTHORIZATION

Note: Please attach any supporting documentation that you believe is relevant to your request for appeal.

Print Name of Employee: _____

Signature of Employee: _____ Date: _____