



**NON-UNIFORM EMPLOYEE
DISCIPLINARY ACTION FORM
RECORD OF TERMINATION**

DATE _____
EMPLOYEE # _____
DEPARTMENT _____
DIVISION _____
EFFECTIVE DATE _____

Employee Name

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 to the 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 employee refuses to sign:

_____/_____
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)