

**Attachment 3**  
**Form 1 A.P. 2-2 Notice of Determination of**  
**Cause or Disqualification**

To: \_\_\_\_\_  
Date: \_\_\_\_\_  
From: \_\_\_\_\_

A.P. 2-2 FORM 1

**NOTICE OF DETERMINATION OF CAUSE OR DISQUALIFICATION**

Because it has been determined by this department that you have

\_\_\_\_\_ caused a Motor vehicle incident (Date of Incident, e.g. 7/8/20, \_\_\_\_\_);

\_\_\_\_\_ become disqualified from Driving, (Incidents/Dates: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_) you are no longer eligible to Drive a City vehicle and/or your personal vehicle on City business. In accordance with A.P. 2-2, you have 60 calendar days from this date to pursue various options. In the interim, your job duties and responsibilities may be changed to allow you to do productive work for the department/City while you pursue the options available to you. After this sixty-(60) day period, if you do not find another non-Driving position of your choice, one may be selected for you or you may be removed from City employment at the option and discretion of your Department Head.

Should you wish to appeal this determination, you have ten calendar days from the date you receive this Notice to file a Request For Review By Departmental Review Panel, in person, with \_\_\_\_\_ located at \_\_\_\_\_ . If you do not file a timely appeal, this determination will become final and binding.

\_\_\_\_\_  
I acknowledge receipt of this Notice of Determination on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature/Employee Number

**REQUEST FOR REVIEW BY DEPARTMENTAL REVIEW PANEL**

I, (Print name) \_\_\_\_\_ (Employee # \_\_\_\_\_) hereby request a review of the departmental determination of \_\_\_\_\_ cause of a motor vehicle incident, and/or \_\_\_\_\_ disqualification from Driving.

I understand that I will provide to the Panel at least 2 days before my scheduled review date, copies of all the relevant documents related to the review of this issue that I would like the Panel to consider. I will inform my representative and witnesses of the date and time for the review.

Although it is not required or necessary, I choose to be represented by \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Box) City, State, Zip for Notice of the Review Panel Meeting Address (not P.O.)