

Attachment 4
Form 2 A.P. 2-2 Request for Review
by Departmental Review Panel

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.)