

**Attachment 5**  
**Form 3 A.P. 2-2 Notice of Departmental Review Panel**  
**Meeting**

## NOTICE OF DEPARTMENTAL REVIEW PANEL MEETING

The Departmental Review Panel selected to review your Request will meet

Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

I certify that this Notice was

\_\_\_ hand delivered or

\_\_\_ mailed ( \_\_\_regular/\_\_\_certified ) to the address listed on the Request For Review

and the Departmental Representative on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notifying Employee's Signature

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### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF REVIEW

I acknowledge receipt of the Notice of the Departmental Review Panel Meeting.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Representative

\_\_\_\_\_  
Date