

Attachment 6
Form 4 A.P. 2-2 Notice of Departmental
Review Panel Determination

To: _____
Employee Name, Emp ID# - Department Name

From: Chair, Departmental Review Panel

NOTICE OF DEPARTMENTAL REVIEW PANEL DETERMINATION

The Departmental Review Panel met on the _____ day of _____, _____ to consider your request to review the department's determination of _____ cause of a motor vehicle crash, and/or _____ disqualification from Driving. The Panel consisted of _____ members and was constituted and conducted in compliance with A.P. 2-2 §6.9.4.

After a review of the documentation and other evidence and testimony presented at the meeting, the Departmental Review Panel finds that the determination of the department that you

_____ caused the motor vehicle crash is supported by the preponderance of the evidence and is affirmed;

_____ caused the motor vehicle crash is not supported by the preponderance of the evidence and is overturned;

_____ are disqualified from Driving is supported by the preponderance of the evidence and is affirmed;

_____ are disqualified from Driving is not supported by the preponderance of the evidence and is overturned.

This Determination issued on the _____ day of _____, _____.

Chair, Departmental Review Panel

If you wish to appeal this determination, you must do so in person by filing an Appeal to the City Motor Vehicle Crash/Disqualification Committee on a form prescribed by the Committee with the Chairperson of the Committee at the Human Resources Department located at 611 Walker, 4th Floor, Houston, Texas on or before the close of business on the tenth (10th) calendar day following the day you received this Determination. If you do not file a timely appeal, this determination will become final and binding.

I certify that this Notice of the Departmental Review Panel Determination 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

I acknowledge receipt of this Determination on the _____ day of _____, _____.

Employee Signature/Employee Number

Departmental Representative