

Local Health Department Employment Personnel Council
275 East Main Street
Frankfort, Kentucky 40621

Request for Appeal

This appeal must be filed pursuant to the provisions of administrative regulation 902 KAR 8:110.

Name _____
(Last) (First) (Middle Initial)

Work Station Address _____
(Street) (City) (State) (Zip Code)

Phone () _____ Email _____

Local Health Department _____

Name of Appointing Authority _____

Are You Represented by an Attorney ☐ No ☐ Yes

Attorney's Name _____

Address _____
(Street) (City) (State) (Zip Code)

Phone Number () _____ Email _____

I am a:

- ☐ Regular Status Employee ☐ Eligible on Register
☐ Application for Employment

I am Appealing the following actions: (Check appropriate box or boxes)

- ☐ Dismissal ☐ Rejection of application or removal of name from register
☐ Demotion ☐ Discrimination: Circle those that apply (Race, Color, Religion,
Ethnic Origin, Sex, Disability, Political, Age)
☐ Suspension

Over

Regular Status Employee, Applicant or Eligible

Please Complete This Section

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing;

Date of Receipt of Notice of Appealed Action: _____

(Attach a copy of any written notice which you received relating to this appeal)

Signature

Date

Attorney's Signature (If Applicable)

Date

This Form is to be Mailed or Delivered To;

Department for Public Health
Local Health Personnel Branch
Division of Administration & Financial Management
275 East Main Street, HS1C-A
Frankfort, Kentucky 40621