IMPERIAL COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES OFFICE

Request for Hearing of Disciplinary Action

This form must be completed and returned to the Associate Dean of Human Resources within five (5) work days of the receipt of this notice.

A. NAME:_____ B. DATE: _____

C. CLASSIFICATION:_____

D. TYPE OF HEARING REQUEST:

☐ PRE-DISCIPLINARY ☐ POST-DISCIPLINARY

E. DISCIPLINARY ACTION:

☐ SUSPENSION ☐ DEMOTION ☐ DISMISSAL

F. DESCRIPTION OF CHARGES:

_____

_____

G. REQUEST FOR HEARING: I (do/do not) want to appeal this disciplinary action.

H. RIGHT TO REPRESENTATION: I understand that I have the right to representation during this hearing. The hearing will be conducted within five (5) working days of receipt of this request.

I. ORAL/WRITTEN RESPONSE TO CHARGES: I (do/do not) want to respond orally or in writing to the charges set forth in the disciplinary action specified above.

Signature of Employee:_____ Date: _____