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**NOTICE OF APPEAL AND
REQUEST FOR POST-TERMINATION HEARING**

TO THE EMPLOYEE: Please note that your termination is final unless within five (5) work days after receiving the termination letter you provide a written appeal and request for a post-termination hearing to Human Resources on this form. Your written appeal must be received in Human Resources within this five (5) work day time period. **Failure to comply with this time requirement shall constitute a waiver of any rights under the City of Boise's termination procedure.**

By submitting this form, you are appealing your termination and requesting a post-termination hearing. The post-termination hearing process is explained in the City of Boise's Corrective Action Policy and Regulation. The policy and regulation are located on the City's Inside webpage or you can contact Human Resources at 208-384-3850 for a copy.

Please indicate whether you _____ WILL or _____ WILL NOT be represented by legal counsel at the hearing before the hearing officer.

Name of Attorney for Employee

Telephone Number of Attorney

Address of Attorney

Fax Number of Attorney

City, State, and Zip Code

E-mail Address of Attorney

Employee's Signature

Date

Employee Printed Name

Employee's Address

Employee's Telephone Number

City, State, and Zip Code

Employee's Fax Number

Employee's E-mail Address

For Internal Use Only

Date Received in Human Resources: _____

Received by: _____