



**IMPERIAL VALLEY COLLEGE
REQUEST FOR HEARING OF
DISCIPLINARY ACTION FORM**

This form must be completed and returned to the Human Resources Office within ten (10) working days of the receipt of this notice. Please refer to the CSEA Contract, Article 19.

A. NAME: _____ B. DATE: _____

C. CLASSIFICATION: _____ D. DEPT: _____

E. TYPE OF HEARING REQUEST:

PRE-DISCIPLINARY

POST-DISCIPLINARY

F. DISCIPLINARY ACTION:

SUPENSION

DEMOTION

DISMISSAL

G. DESCRIPTION OF CHARGES:

H. REQUEST FOR HEARING: I ___DO ___DO NOT want to appeal this disciplinary action.

I. 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.

J. 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: _____