

**MESA PUBLIC SCHOOLS  
Classified Personnel**

**APPEAL FORM**

**LETTER OF REPRIMAND/SUSPENSION WITH OR WITHOUT PAY**

FROM: \_\_\_\_\_ SITE/UNIT: \_\_\_\_\_  
PRINT NAME

I appeal to the Assistant Superintendent of Human Resources the letter of reprimand issued on  
 \_\_\_\_\_  
DATE

AND/OR

I appeal to the Associate Superintendent the:

- the suspension with pay or
- the suspension without pay

issued by my unit administrator or supervisor.

I disagree with the following parts(s) of the administrator's decision:

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I believe the administrator's decision is incorrect for the following reasons:

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Additional pages attached:  Yes  No

I request an appeal conference and suggest the following date and time:

\_\_\_\_\_  
DATE TIME

An association representative will  or will not  represent me.

\_\_\_\_\_  
SIGNATURE SITE/DEPARTMENT

\_\_\_\_\_  
TELEPHONE NUMBER DATE