

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional pages attached:  Yes  No

\_\_\_\_\_  
SIGNATURE

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

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

\_\_\_\_\_  
DATE