Galveston County Employee Appeal of Discipline Notice

I,_____ wish to file an appeal with Human Resources to review the attached Discipline Notice.

(Print Name)

Comments:

(Separate documents may be attached)

By signing below I attest that all statements I have made are true and that I understand that this document will be filed in my personnel file. I also acknowledge that only my Department Head/Elected Official to whom I report, the CHRO or the County Judge have the right to reverse and/or revise my disciplinary notice.

Signature

Date