



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
Local Health Department Personnel Branch
275 East Main Street
Frankfort, Kentucky 40621**

Request for Appeal

This appeal is hereby filed pursuant to the provisions of administrative regulation
902 KAR 8:110.

Name _____
(Last) (First) (Middle Initial) (Soc. Security Number)

Work Station Address _____
(Street) (City) (State) (Zip Code)

Home Phone () _____ Work Phone () _____

Local Health Department _____

Name of Appointing Authority _____

Are You Represented by an Attorney No Yes

Attorney's Name _____

Address _____
(Street) (City) (State) (Zip Code)

Phone Number () _____

I am a:

- Regular Status Employee Eligible on Register
 Application for Employment

I am Appealing the following actions: (Check appropriate box or boxes)

- Dismissal Rejection of application or removal of name from register
 Demotion Discrimination; Circle those that apply (Race, Color, Religion,
Ethnic Origin, Sex, Disability, Political, Age, Pregnancy,
 Suspension Citizenship, Sexual Orientation)

