

PERSONNEL BOARD CASE MANAGEMENT STATEMENT

(To be submitted by the parties to the Clerk of the Board within 90 days of appeal)

EMPLOYEE/APPELLANT:

(or Union/Case # for Peace Officer Appellants)

COUNTY DEPARTMENT:

EMPLOYEE/APPELLANT APPEAL DATE: _____

INSTRUCTIONS: Parties must check all applicable boxes and provide the specified information. Parties are encouraged to submit joint Case Management Statements.

1. This Case Management Statement is submitted:

- a. **Jointly** by both parties.
- b. **Individually** by: (party name field)

2. Type of Case:

- a. Dismissal
- b. Suspension: _____ Hours:
- c. Demotion
- d. Release from Probationary Promotional Position.

3. Hearing Representative:

- a. County:
- b. Union/Employee:

4. Estimated Length of Hearing (insert # of hours/days): Check box if seeking multiple hearing days.

- a. Hours, **OR**
- b. Days _____ Parties are requesting consecutive days of hearing.

5. Estimated Number of Witnesses:

- a. County:
- b. Union/Employee:

6. Settlement Discussions:

a. The Parties have engaged in settlement discussions.

Settlement is likely.

Settlement is not likely.

b. The Parties have not engaged in settlement discussions.

7. Dates Unavailable:

a. County:

b. Union/Employee:

Date:

For the Union/Employee:

(Type of Print Name)

(Signature of Party/Representative)

For the County:

(Type or Print Name)

(Signature of Representative)

(to be completed by Clerk or Personnel Board only)

FOR ACTION BY PERSONNEL BOARD AT BOARD OF SUPERVIORS MEETING

Hearing date(s) scheduled: _____

Other conference(s) scheduled: _____