

# Hearing Request Form

Classified Civil Service staff

## Employee Information

Employee Name:

Date:

Employee ID:

Job Title:

Employee Service Date:

College/VP Unit:

Supervisor:

Work Address:

Work Location:

## Previous Notice(s) Attached (please check)

Written Coaching     Level One Notice     Level Two Notice

## Details

**Description of issues since last corrective action (if applicable), including dates of issues:**

**Supporting documents attached:**

**Is employee Currently on Administrative Leave**     Yes     No

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHRP or Designee Signature

\_\_\_\_\_  
Date

Submit form and all supporting documents to Office of Human Resources, Employee Relations



**THE OHIO STATE UNIVERSITY**  
HUMAN RESOURCES



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1590 N. High Street, Suite 300 | Columbus, OH 43201 | 614-292-1050