

Request for Name-Clearing Hearing

Name _____

Date of Termination: _____

Position or job from which you were terminated: _____

Specific statements that you allege were false:

Time, place and manner in which the allegedly false statement(s) was (were) published:

Signature

Date

If you wish to have a name-clearing hearing, please return this form within fourteen (14) calendar days of the effective date of termination of your employment to

_____.