

**CITY OF HICKORY**

**NOTICE OF PERSONNEL ACTION**

To: \_\_\_\_\_  
(Name of Employee) (Department/Division)

You are hereby notified that the following action has been taken concerning your employment with the City of Hickory:

Effective Date of Action: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

REASON FOR ACTION:

NOTE: A PERMANENT EMPLOYEE WHO IS SUSPENDED, DEMOTED, OR DISMISSED HAS THE RIGHT OF APPEAL IN ACCORDANCE WITH THE CITY OF HICKORY'S GRIEVANCE POLICY.

\_\_\_\_\_  
(Date) (Acknowledged by Employee)

A copy of this notice is delivered to the employee this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Department Head)

APPROVED: (Required for Demotion)

\_\_\_\_\_  
City Manager