

# City Service Commission APPEAL OF DISCIPLINARY ACTION FORM

Pursuant to Rule XIV (Discharge, Appeal, Hearing), Section 2 of the Rules of the Board of City Service Commissioners (the Commission), a regularly appointed employee who has passed his/her probationary period may appeal a discharge, reduction (involuntary demotion), a second suspension within six months of a former one or any suspension exceeding fifteen working days in length. The time limit to file an appeal ends at 4:45 p.m. on the third business day following receipt of written notification of the disciplinary action. An appeal is filed when it is received and time-stamped by the Department of Employee Relations on behalf of the Commission. The Department of Employee Relations is located at City Hall, 200 following email address: <a href="mailto:klbiern@milwaukee.gov">klbiern@milwaukee.gov</a> or by FAX to the following number: (414) 286-0203.

Appellants are encouraged to review the **Guidelines for Disciplinary Appeals to the City Service Commission** located at: <a href="http://city.milwaukee.gov/der/csc/FormsDocs">http://city.milwaukee.gov/der/csc/FormsDocs</a>

Please complete the form below to appeal a qualifying disciplinary action.

. /	, pursuant to Rule XIV, Section 2 of the Rules of the Board of City Service
Discharge Reduction in classification (	involuntom, down (
Second suspension within s	ix months of a former one (Data of 4st
- Tanan exceeding 15 d	ays
otice for the action that you are appeal	plinary action that I am appealing on: Please attach the disciplinary ing. Please attach a brief statement indicating the basis of your appeal.
	of $09$ , $202$
ignature of appellant:	
Name of appellant (please print):	Louis W. Jones
Appellant's Department/Division:	Louis W. Jones Sanidation
Appellant will be represented by:	UN (Cnown
Contact information (phone number):	Phone:
(email address):	Email:
	Appellant's Contact Information:
Primary phone number:	
A -1 -1	
Address:	

Please write a brief statement indicating the basis of your appeal (attach to Form):

WAS Notyles medicenes, Due to the fret had Lung Surgery! more

'21AUG 9 9:06AM





## **DISCHARGE NOTICE**

#### Distribute a copy to:

Employee
Employee Representative
Department File

Employes' Retirement System
Dept. of Employee Relations – send within 48 hours to
DERpersonnelforms@milwaukee.gov

Date: 8/3/2021 Rec#: 31853

	ı				
Employee:	JONES,LOUIS W			yee ID No.: 019254	
Department:	DPW-OPS-SANITATION			ace: B	
			Gend		
Division:			Div. N		
I - I- Tible			Payroll	Loc. No.: 545 40	
Job Title:	OPERATIONS DRIVER/WORK	10.	nmediate upervisor: Allysor	n Weiss	
III accordance	e with City Service Commission	on Rules, you are hereby	discharged effect	tive at 11:30 (am) on	
- CONTROL   CON	are) for violating Rule XIV. Sec	ction 12. Paragraph O of a	ha City Camina D		
acparanentai	rules illay be referenced as a	applicable). You have thre	an days from the	ragine of this nation to file	
	or repleat infolliation	n below.	O days Home and	eceipt of this notice to the	
I. Description	of Offense				
On July 21, 20	21 VOII Were tested under the C	City of Milwaukee Drug and	Alaskal araaram fo		
2021 Safety w	vas notified that you tested positi Drug and Alcohol Policy. This is	ive for Marijuana, which is	Alconol program ic	or a Random Test. On July 27,	
Public Works I	Drug and Alcohol Policy. This is on of the policy calls for a Discha	your second violation of th	is nolicy. As indica:	ty of Willwaukee Department of	
secona violatio	on of the policy calls for a Discha	arge action. As a result of y	our Second Violati	on vou are herby Discharged	
			2	on you are nerby Disonaryou.	
II. Previous D	isciplinary Actions including \	B M F B A A A			
See attached	1	Narning Letters:	•		
000 4140,,04					
DATES REQU	IRFD-	Reporting			
1. Date of invest	tigatory meeting: 8/3/2021	Authority   111.			
2. Date Dischard	de notice was provided to the	Signature: CHUSON WUS	\$		
employee or not Date: 8/4/2021	ice was mailed to employee:	Please print name: Allyson Weiss			
Date. UITIZUZI	1		1 770.00		
	nted Civil Service employees	Title: DPW Safety Supervisor			
RIGHT OF AI					
(those who have		Date: 8/3/2021			
					Commission wit
notice Employe	THIL GILLE HOLD OF TECCHOLOLUIS .	Authority   -		_	
House. Limploye	es of a department under the	Authority Day Than			
supervision of a	es of a department under the board or commission of three or	Signature: Pan Thom	as		
more members r	ees of a department under the board or commission of three or must appeal to that board or	Signature: VAIA ( LOW)	CA		
supervision of a	es of a department under the board or commission of three or	Signature Van Luom	CA		
more members r commission.	bes of a department under the board or commission of three or must appeal to that board or have been issued an	Signature: VALL (WOM) Please print name: Dan T	homas		
more members r commission.  NOTE: If you employee ident	bes of a department under the board or commission of three or must appeal to that board or have been issued an tification card, it must be	Signature: VAIA ( LOW)	homas	^ector	
more members r commission.  NOTE: If you employee ident	bes of a department under the board or commission of three or must appeal to that board or have been issued an tification card, it must be	Signature: VALL (WOM) Please print name: Dan T	homas	rector	

#### City of Milwaukee CS-82, R. 02/2012 RECNUM 17445

## SUSPENSION NOTICE

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70000		R. R. Berry			

### Distribute a copy to:

- Employee
- Department
- Employes' Retirement System
- Dept. of Employee Relations Pay Services Section

Date: 18-APR-2016

	T			
Employee:	JONES,LOUIS W	Employee ID No.: 019254		
Department:	DDW ODS SANITATION	DDW ope over the control of the cont		
- Dopartment,	DPW-OPS-SANITATION	Race B  Gender: Male Female		
Division:	57		Gender: Male Female  Division No.: 5457	
DIVIDION:				
Job Title:	OPERATIONS DRIVER/WOR	Immediate Supervisor:  Payroll Loc. No.: 545 04  Brian Hinkle		
29-APR-2016.  Description of You job requires a Policy as a result of Substance Abuse i must participate ar your job and subjet Your projected retu drug and alcohol te A second violation  Comments: Fu  DATES REQUIRE 1. Date of investigat 2. Date notice providentice mailed to employed  RIGHT OF APPEA Regularly appointed Who have complete	Commercial Driver's License. On of a Post-Accident test. This miscond successfully complete said progret to discipline.  In to work date is on or around 4-2 est.  of this policy will result in discharge atture misconduct may result in finite.  D:  Ory meeting: 4-14-16  ded to the employee or ployee: 4-19-16  L:  d: Civil Service employees (those of the post of the conduct of the	April 14, 2016 you were finduct makes you unavail personal participation in a refam. If you are found to be 9-16, provided you have the disciplinary activation of the control of the cont	om) on 04/15/2016 for 10 working days, for the Service Rules. You are to return to work on Ser Balance and to be in violation of the City of Milwaukee Drug and Alcohol able to do your job until you have been evaluated by the habilitation program, if one has been recommended for you. You be out of compliance with the program you will be removed from met the above conditions and tested negative on a return to duty on up to and including discharge.	
who have completed their probationary period) may appeal suspensions exceeding 15 days or any second suspension withn a six-month period. Such appeal must be in writing to the City Service Commission within three days of receipt of this notice. Emplyees of a department under the supervision of a board or commission of three or more members must appeal to that board or commission.		Department Head Signature:	Mesa Director 4/19/16	
Regularly appointed disciplinary action the Service Commission Discipline and Griev	RIEVANCE PROCEDURE: gularly appointed employees who receive a ciplinary action that is not appealable to the City rvice Commission may file a grievance under the cipline and Grievance Procedure as provided der Chapter 350-241 of the Milwaukee Code of dinances.			