DEPARTMENT OF HUMAN RESOURCES
SIGNATURE ROUTING COVER SHEET

Document(s): Disciplinary Documents for: (INSERT EMPLOYEE NAME, POSITION, AND DATE OF HIRE)

Requested by: (INSERT DEPARTMENT HEAD NAME AND SIGN)

Date: (INSERT DATE)

I acknowledge that I have read the attached document(s) and concur with the proposed action unless otherwise stated on this form.

_____ _____

Human Resources Director **Date**

_____ _____

City Attorney **Date**

_____ _____

City Manager **Date**