



# **CITY OF MEMPHIS – ON-THE-JOB INJURY (OJI) REQUEST FOR APPEAL HEARING**

**Please complete the following sections:**

## **SECTION I**

I, \_\_\_\_\_, from the Division  
(Employee's full name – please print)

of \_\_\_\_\_ do hereby request an appeal

hearing before the Administrative Law Judge on the matter of my:

(Please check (✓) the appropriate disciplinary action)

- \_\_\_\_\_ denial into the City's HHL Program for: \_\_\_Heart \_\_\_HTN \_\_\_Lung
- \_\_\_\_\_ denial of continual OJI Benefits
- \_\_\_\_\_ denial of bill payments
- \_\_\_\_\_ other \_\_\_\_\_

## **SECTION II**

Your Current Mailing Address:

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City State Zip Code

Your Current Telephone Number:

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

(To be completed by the Workplace Safety and Compliance Service Center)

**AFFIX DATE STAMP**



\_\_\_\_\_  
Received by

