

**EXHIBIT C**

**REQUEST FOR A POST-SUSPENSION OR  
POST-DISMISSAL HEARING**

Date: \_\_\_\_\_

Printed Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

TO: Executive Director of Human Resources/Affirmative Action

I request a \_\_\_post-suspension \_\_\_post-dismissal hearing in accordance with university policy.

Employee Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

xc: Department Head,  
Responsible Vice  
President/President