

## ACKNOWLEDGEMENT OF RIGHTS ADVERSE PERSONNEL ACTIONS

An employee against whom an adverse personnel action (disciplinary suspensions without pay, involuntary demotions or dismissals) is taken has the right to protest that action by filing a Grievance Statement, HCCS Form 2, with the Secretary of the Hidalgo County, Texas Civil Service Commission ("Commission") within seven (7) calendar days of the earlier of: (i) the employee's receipt; or (ii) the County and/or District's deposit in the mail, of the written notice of the adverse personnel action.

An employee may obtain a copy of the HCCS-2 Form from the Commission Secretary's office located at 2818 S. Business Hwy 281, Edinburg, Texas 78539.

\_\_\_\_\_  
Signature – Elected Official/Department Head

\_\_\_\_\_  
Date

I acknowledge that I received a copy of this form explaining my rights. I also acknowledge that I received a copy of the written notice of adverse personnel action taken against me.

\_\_\_\_\_  
Signature – Employee<sup>1</sup>

\_\_\_\_\_  
Date

I certify that this acknowledgment of rights form and a written notice of the adverse personnel taken against the employee action were both presented to \_\_\_\_\_ (employee) and that the employee refused to sign this acknowledgment.

\_\_\_\_\_  
Signature – Elected Official/Department Head or Witnesses<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Complete the certification below if the employee refuses to sign.

<sup>2</sup> The Elected Official/Department Head also signs here, unless the adverse personnel action is a dismissal. In that case, a witness must sign.