



NC Department of Public Safety

STEP 2 Employee/Witness Form

Created 01/17/2014

DIRECTIONS: Please type or write clearly.
This form **MUST** contain employee's original signature and date.

Employee Name _____

Witness Name _____

Position Title _____

Position Title _____

Work Location _____

Work Location _____

Telephone Home _____ Work _____

Telephone Home _____ Work _____

Numbers Cell/Alternate Contact # _____

Numbers Cell/Alternate Contact # _____

Email Address _____

Email Address _____

STATEMENT (Use additional paper or back of form, if necessary, and number pages.)

Continued on back of form Additional pages attached Number of pages _____

What information will this witness provide?

I understand that it is the employee's responsibility to inform employees that they have been identified as a potential witness in the Step 2 appeal process.

I further understand that all witnesses must be approved by the Hearing Panel Chair.

(Employee's Signature)

(Date Signed)