DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Personnel Management

SEGAP Hearing Witness List

To: Dispute Resolution Hearing Coordinator
Office of Personnel Management

From:

Grievance Officer

Phone Number

Agency/Board/Commission Name

Address

Employee Name

Hearing Date

Re: Witnesses for Scheduled Hearing
The following persons will be called as witnesses.

Witnesses for Employee:	Phone
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Witnesses for Supervisor/Agency:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	