



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

## SECTION I

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

of \_\_\_\_\_ do hereby request an appeal  
hearing before the Administrative Law Judge for the following reasons:

(Please check (✓) the appropriate action(s))

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

Have you used any personal medical insurance to obtain treatment for this disputed On-the-Job Injury? YES/NO  
If yes, please list the insurance company name, medical provider and dates of service:

\_\_\_\_\_

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## SECTION II

Your Current Mailing Address:

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

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

Your Current Telephone Number: \_\_\_\_\_ Claim No: \_\_\_\_\_

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

Date of Loss: \_\_\_\_\_

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Do you have legal representation? If so, please provide your Attorney's name below:

\_\_\_\_\_ Employee's Attorney/Union Representative