



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:

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: _____

Employee’s Email: _____

SECTION III

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

Name of Legal Representative

Legal Representative Phone Number

Legal Representative Address

Do you have Union Representation: Yes ___ No ___

Please email all appeals to: OJIAPPEALS@MEMPHISTN.GOV