

APPEAL TO CIVIL SERVICE COMMISSION
Non-Disciplinary

Date _____

I. Name _____ Payroll Number _____
Address _____ Phone Number _____
(include ZIP Code) _____ E-mail _____
Position _____ Department _____

II. Name of Attorney _____ Law Firm _____
Address _____ Phone Number _____
(include ZIP Code) _____ E-mail _____

III. APPEAL UNDER: CHECK ONE TYPE OF APPEAL AND COMPLETE RELATED INFORMATION

A. Regulation 22.021/22.022 - Leave of Absence Denial / Failure to Return from

Effective Date _____ Date of Notification _____
of Termination _____ by Department _____

NOTE: Please attach a copy of your request for leave of absence and Department's denial /notice of termination

B. Regulation 23.06 - Performance Report (Overall Rating of Unsatisfactory, Unacceptable or Improvement Needed)

NOTE: Probationary performance reports are not appealable

Date of Report _____ Date Received _____ *Date of Written Request for Review _____

**YOU MUST ATTACH A COPY OF YOUR WRITTEN REQUEST FOR REVIEW SENT TO APPOINTING AUTHORITY*

C. Regulation 9.11 - Oral Test Board Disqualification (NOTE: passing scores are not appealable)

Exam Title _____ Exam No. _____

Date of Receipt of Notice of Exam Results _____

YOU MUST ATTACH A STATEMENT OF BASES/PROOFS FOR CHARGES OF IRREGULARITY, BIAS OR FRAUD

D. Regulation 15.02 - Involuntary Resignation:

Date of Resignation _____

E. Regulation 16.017 - Layoff:

Effective Date of Layoff _____ Date of Layoff Notice _____

IV. STATE CONCISELY THE ISSUES TO BE RAISED AT YOUR HEARING: (attach additional sheets, if needed)

(Appellant's signature)

(date)

(Attorney's signature)

(date)