

**APPEAL TO CIVIL SERVICE COMMISSION  
Regulation 17 (Disciplinary)**

Date \_\_\_\_\_

**I.** Name \_\_\_\_\_ Payroll Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(include ZIP Code) \_\_\_\_\_ E-mail \_\_\_\_\_  
Position \_\_\_\_\_ Department \_\_\_\_\_  
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**II.** Name of Attorney \_\_\_\_\_ Law Firm \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(include ZIP Code) \_\_\_\_\_ E-mail \_\_\_\_\_  
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**III. APPEAL FROM: CHECK ALL THAT APPLY & COMPLETED RELATED INFORMATION**

A.  **Dismissal** Date of Dismissal \_\_\_\_\_

B.  **Suspension** Dates of Suspension \_\_\_\_\_

[If you are appealing a suspension, and have been suspended for other dates during the past twelve months, list previous suspension dates here:

\_\_\_\_\_ ]

C.  **Demotion/** Date of Demotion/ \_\_\_\_\_  
**Reduction in Pay** Pay Reduction \_\_\_\_\_

Title of Position to which you were Demoted \_\_\_\_\_

**NOTE: Please attach copy of Notice(s) of Dismissal, Suspension, and/or Demotion.**

**IV. STATE CONCISELY THE ISSUES TO BE RAISED AT YOUR HEARING:**

\_\_\_\_\_  
(Appellant's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Attorney's signature)

\_\_\_\_\_  
(date)