

Notice of Appeal

Please complete this form in order to appeal to the Civil Service Commission any decision by the Executive Director **OR** any disciplinary action assessed by an appointing authority. This appeal must be filed within ten (10) days of the notification of action you are appealing.

Name: _____
Street Address: _____
City, State, and Zip: _____
Phone (Home): _____
Phone (Work): _____

- I am appealing a decision of the Executive Director regarding failure during the testing process, a rejection, disapproval of an application or other action. NOTE: You will be notified in writing whether the Commission will accept jurisdiction over your appeal and whether a hearing will be scheduled.**

Examination Title and Classification Code: _____
Reason for Appeal and/or Remarks: _____

Signature

Date

- I am appealing a disciplinary action (i.e., discharge, suspension, demotion (in rank or pay), or involuntary resignation).**

Civil Service Classification and Classification Code: _____
Department: _____
Nature of Action Being Appealed: _____
Date of Order or Action Being Appealed: _____
Reason for Appeal: _____

Signature

Date

Civil Service Commission Appeal Number Assigned: _____