



City of Seattle
CIVIL SERVICE COMMISSION
700 5th Avenue, Suite 1670
PO Box 94729
Seattle, WA 98124-4729
Office: 206-233-7118
Fax: 206-684-0755

APPEAL TO THE CIVIL SERVICE COMMISSION (DISCIPLINARY) INSTRUCTIONS

Disciplinary appeals to the Commission must be filed within twenty (20) calendar days of delivery of the Step Three grievance response. See [Personnel Rule 1.4-Employee Grievance Procedure](#).

INSTRUCTIONS:

Complete all the pages, sign and attach any documents or correspondence that you have received from the Department related to your appeal. Send by postal or hand deliver to the Executive Director, Civil Service Department 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-472 or email to civilservice@seattle.gov

Upon receipt of your appeal, the Executive Director will review the appeal. If the appeal is deemed to be timely and within the Commission's jurisdiction, it will be reviewed at the Commission's next regularly scheduled meeting. You and the employing department will be notified of the time and date of the meeting. If your appeal is accepted, staff will follow up with both parties to schedule the first prehearing conference. If you intend to be represented by an attorney, please have the attorney submit a Notice of Appearance. **If you are appealing a disciplinary decision, you are required to complete the Employee Grievance Process before your appeal will be accepted by the Civil Service Commission. See [Personnel Rule 1.4](#) for more information about this exhaustion requirement.** For more information about appeal rights and deadlines, please review the Civil Service Rules of Practice and Procedure [Rules of Practice and Procedure](#)

Use additional page(s) if necessary.

APPEAL TO THE CIVIL SERVICE COMMISSION (DISCIPLINARY)

Appeal No. _____	
Date Filed _____	

Full Name of Appellant	Work Address
Residence Address	Work Telephone
City State Zip	Employee ID
Home/Cell Phone:	Department
Email:	Job Title

1. <u>WHAT ACTION IS BEING APPEALED?</u> (CHECK ONE)	<input type="checkbox"/> Demotion (5.01A) <input type="checkbox"/> Suspension <input type="checkbox"/> Probation <input type="checkbox"/> Discharge (5.01B) <input type="checkbox"/> City of Seattle Personnel Ordinance or Rule(s) Violation (5.01C.):
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What Personnel rule, regulation, or provision, do you believe was violated? _____

Reason for this appeal <hr/> <hr/> <hr/> <hr/>	Remedy Sought (What do you want?): <hr/> <hr/> <hr/> <hr/>
2. UNION: If you are a member of a union, what is the name of your union? <hr/> Local Number: _____	<input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit. This matter <input type="checkbox"/> IS <input type="checkbox"/> IS NOT the subject of arbitration pursuant to a collective bargaining agreement.
3. EMPLOYEE GRIEVANCE PROCEDURE: Did you receive notification of your right to a timely resolution of this grievance from your Department? <input type="checkbox"/> YES <input type="checkbox"/> NO (SMC 4.04.070)	 If you filed a grievance through the Employee Grievance Procedure, what was the outcome? <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT filed a grievance on the issues that are identified in this appeal, through the Employee Grievance Procedure. (Personnel Rule 1.4.2)	<hr/> <hr/> <hr/> <hr/>

Please include with your appeal form the **Step 3 Grievance decision** of your employing department and **Investigatory Report from SDHR**, and any documents or correspondence that you have received from the Department related to your appeal. To meet timely filing of your appeal, these documents can be sent after filing this document.

4. ATTORNEY/AUTHORIZED REPRESENTATIVE:

An attorney or a representative is NOT required for the appeal process.

Do you have an attorney or another person representing you for this appeal? YES NO

If yes, please have your attorney submit a NOTICE OF APPEARANCE to the Commission Office and the Department.

All documents and information related to the appeal will go to the attorney or representative.

Name: _____

Firm: _____

Address: _____

Email: _____

5. APPELLANT:

If you do not have an attorney or a representative, please enter the address where documents related to this appeal should be sent:

Mailing Address: _____

Personal Email: _____

Home/Cell Phone: _____

SIGNATURE OF APPELLANT

DATE

**SIGNATURE OF ATTORNEY OR REPRESENTATIVE:
(IF FILLING OUT THIS FORM):**

DATE

City of Seattle Civil Service Department

Seattle Municipal Tower, 700 Fifth Avenue, Suite 1670 PO Box 94729 Seattle, WA 98124-4729

Tel (206) 437-5425, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

An equal employment opportunity employer. Accommodations for people with disabilities provided upon request.