



City of Seattle
CIVIL SERVICE COMMISSIONS
700 Fifth Avenue, Suite 1670
P.O. Box 94729
Seattle, WA 98124-4729
(206) 233-7118

CSC Appeal No.

Date Filed:

Date Received:

**NOTICE OF APPEAL TO THE
CIVIL SERVICE COMMISSION**

INSTRUCTIONS: Submit an original copy of this form to the Executive Director, Civil Service Commissions 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-4729. The appeal must be received by the Executive Director within 20 (twenty) days following the received date or the postmarked date of the final notice from the department to the appellant. An original signature of the appellant or authorized representative is required for appeals. Complete all three pages.

I.

| | | |
|-------------------------------|---|-----------------------------|
| Appellant's Full Name | Work Address | Work Telephone |
| Residence Address | City /State/Zip | Home Telephone/Email |
| Job Title/Position | Department/Unit | Immediate Supervisor |
| Start Date in Position | City Employee Since, Month/Date/Year | Employee ID # |
| SIGNATURE OF APPELLANT | | DATE |

II. ACTION BEING APPEALED: (check one)

☐ **Suspension**

☐ **Discharge**

☐ **Demotion**

☐ **Political Patronage**

☐ **City of Seattle Personnel Ordinance or Rule(s) Violation:** What Personnel rule, regulation, or provision, do you believe was violated? _____

☐ **Other Personnel Related Issue:** Please briefly state the issue. _____

III. REASON FOR THIS APPEAL (Please include dates, location and action):

REMEDY SOUGHT (What do you want?): _____

IV. UNION:

ARE YOU A MEMBER OF A UNION?

☐ **YES Name of Union and Local Number:** _____

☐ **NO**

IF YES, ☐ I HAVE / ☐ I HAVE NOT filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit.

- **This matter ☐ IS / ☐ IS NOT the subject of arbitration pursuant to a collective bargaining agreement.**

V. INTRADEPARTMENTAL GRIEVANCE:

- **Did you receive notification of your right to a timely resolution of this grievance from your Department? ☐ YES / ☐ NO (SMC 4.04.070)**
- **☐ I HAVE / ☐ I HAVE NOT filed a grievance on the issues that are identified in this appeal, through the intra-departmental grievance procedure. (Personnel Rule 1.3 and 1.4)**
- **If you filed a grievance through the intra-department grievance process, what was the outcome?**

If needed, you may provide this information on an additional sheet of paper. Also, please attach any documents or correspondence that you have received from the Department related to your grievance.

VI. 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 Department

IF YOU HAVE AN ATTORNEY OR REPRESENTATIVE, ALL DOCUMENTS AND INFORMATION RELATED TO THE APPEAL WILL GO TO THE ATTORNEY OR REPRESENTATIVE.

A. ATTORNEY:

Name/Firm: _____

Firm Address: _____

Email: _____

Signature of Attorney: (If filling out this form):

DATE

B. AUTHORIZED REPRESENTATIVE:

Name _____

Address: _____

Email: _____

Signature of Authorized Representative: (If filling out this form):

DATE

C. APPELLANT:

IF YOU **DO NOT HAVE AN ATTORNEY OR A REPRESENTATIVE, PLEASE ENTER THE ADDRESS WHERE ALL DOCUMENTS RELATED TO THIS APPEAL SHOULD BE SENT:**

Mailing Address: _____

Personal Email: _____

Home/Cell Phone (Include Area Code): _____

APPELLANT'S NAME (PLEASE PRINT)

SIGNATURE OF APPELLANT

DATE