

RECEIVED/FILED: _____

APPEAL NO. _____



CITY OF SEATTLE CIVIL SERVICE COMMISSIONS
REQUEST FOR NON-DISCIPLINARY DECISION
PUBLIC SAFETY CIVIL SERVICE COMMISSION

INSTRUCTIONS: Complete all the pages, sign and attach any documents* or correspondence that you have received from the department to support your request. Send by postal or hand deliver to the **Executive Director, Civil Service Commissions 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-472** or email to Andrea.Scheele@seattle.gov or Teresa.Jacobs@seattle.gov

*Please provide 7 copies of supporting documents.

An original signature is required for a request for non-disciplinary decision

I. _____

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
#		

NAME (PLEASE PRINT)

SIGNATURE

DATE

II. REASON FOR REQUEST: (check one)

☐ Reinstatement to Register

☐ Service Credit

☐ Exam Eligibility

☐ Exam Issue or Protest

☐ Other Issue: Please describe _____

Please specify register/exam/position involved in request: _____

Requested Outcome (What do you want?): _____

III. DEPARTMENT/PERSONNEL DECISION:

- ☐ I HAVE / ☐ I HAVE NOT made this request to the employing department ☐ SFD / ☐ SPD.

- If yes, what was the outcome?

- ☐ I HAVE / ☐ I HAVE NOT made this request to the City of Seattle Department of Human Resources.

- If yes, what was the outcome?

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE

DATE

City of Seattle Civil Service Commissions

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

Tel (206) 233-7118, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

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COMMISSION USE ONLY:

☐ DECIDED BY EXECUTIVE DIRECTOR (DATE) _____

YOUR REQUEST IS: ☐ APPROVED / ☐ DENIED / ☐ REFERRED TO COMMISSION (If your request has been referred to the Commission, you will receive notice of the date to appear.)

☐ HEARD BY COMMISSION (DATE) _____

☐ DECIDED BY COMMISSION (DATE) _____

YOUR REQUEST IS: ☐ APPROVED / ☐ DENIED / ☐ COMMISSION DECLINED TO HEAR

Andrea Scheele, Executive Director

Date

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