



CITY OF SEATTLE CIVIL SERVICE COMMISSION

APPEAL NO. _____

FILED: _____

NOTICE OF APPEAL TO THE CIVIL SERVICE COMMISSION

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

INSTRUCTIONS: Complete all the pages and attach any documents or correspondence that you have received from the Department related to your appeal and email* to Andrea.Scheele@seattle.gov or Teresa.Jacobs@seattle.gov.

An original signature of the appellant or authorized representative is required for appeals. Please send the signed form to **Executive Director, Civil Service Commissions 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-4729**

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 #

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. _____

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

Reason for this appeal (Please include dates, location and action): _____

Remedy Sought (What do you want?): _____

III. UNION:

IF YOU ARE A MEMBER OF A UNION, WHAT IS THE NAME OF YOUR UNION?

_____ **Local Number:** _____

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.**

IV. 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?**

City of Seattle Civil Service Commissions

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/>

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

Name: _____

Firm: _____

Address: _____

Email: _____

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

Date

A. **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

* The Civil Service Commission, [in response to Governor Inslee's "Stay Home, Stay Healthy" proclamation](#) and directives from our federal, state and City leaders, will temporarily halt receiving appeals in person or through the commission mail slot at SMT. If you are unable to email, please send via US Postal and contact staff.

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