



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

**PSCSC No.**

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**Date Received:**

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**REQUEST FOR DECISION TO THE  
 PUBLIC SAFETY CIVIL SERVICE COMMISSION**

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**INSTRUCTIONS:** This form is to request a decision from the Commission on **non-disciplinary** issues.

**I.**

\_\_\_\_\_  
**Employee/Applicant's Full Name**

\_\_\_\_\_  
**Address**                      **City /State/Zip**

\_\_\_\_\_  
**Telephone/Email**

\_\_\_\_\_  
**Job Title/Position**                                      **Department/Unit**

\_\_\_\_\_  
**Union**

\_\_\_\_\_  
**Employee ID #**

**II. REASON FOR REQUEST: (check one)**

**Reinstatement to Register**

**Exam Eligibility**

**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?

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- I HAVE /  I HAVE NOT made this request to the City of Seattle Personnel Department.
- If yes, what was the outcome?

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EMPLOYEE/APPLICANT'S NAME (PLEASE PRINT)

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EMPLOYEE/APPLICANT'S SIGNATURE

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DATE

**COMMISSION USE ONLY:**

DECIDED BY EXECUTIVE DIRECTOR (DATE) \_\_\_\_\_

REQUEST  APPROVED /  DENIED /  REFERRED TO COMMISSION

HEARD BY COMMISSION (DATE) \_\_\_\_\_

DECIDED BY COMMISSION (DATE) \_\_\_\_\_

REQUEST  APPROVED /  DENIED /  DECLINED TO HEAR

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Jennifer Greenlee, Executive Director

Date