



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

**PSCSC/CSC Appeal No.**

\_\_\_\_\_  
**Appeal Name:**

\_\_\_\_\_  
**Date Received:**

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**REQUEST FOR WITHDRAWAL**

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**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.

Check One:

- PUBLIC SAFETY CIVIL SERVICE COMMISSION
- CIVIL SERVICE COMMISSION

**Appeal Number:**

\_\_\_\_\_  
**Appellant's Full Name:**

\_\_\_\_\_  
**Respondent Department:**

I am voluntarily requesting the withdrawal of my appeal and the dismissal of my case because:

- I no longer wish to pursue this matter.
- I wish to pursue this matter through my union under the rights in the collective bargaining agreement.
- I wish to pursue private legal action against the Respondent.
- Respondent and I have entered into a settlement agreement which resolves the appeal to my satisfaction.

**SIGNATURE OF APPELLANT**

**DATE**

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