



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

PSCSC Appeal No.

Date Filed:

Date Received:

**NOTICE OF APPEAL TO THE
 PUBLIC SAFETY 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 10 (ten) 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

Violation of Article XVI of the Charter of the City of Seattle, PSCSC Ordinance or PSCSC Rules
 (Please list the rule:

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. IF YOU ARE NOT A MEMBER OF A UNION:

- **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 1.4)**
- **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