



CITY OF SEATTLE CIVIL SERVICE DEPARTMENT

APPEAL NO. _____

FILED: _____

NOTICE OF APPEAL TO THE PUBLIC SAFETY CIVIL SERVICE COMMISSION

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.

INSTRUCTIONS: Complete all the pages, sign and attach any documents or correspondence that you have received from the Department related to your appeal. Send by postal or hand deliver to the Executive Director, Civil Service Department 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-472 or email to publicsafety@seattle.gov

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 all that apply)**

- ☐ Review of and Appeal from Actions or Decision of the (Executive) Director (2.13)
- ☐ Suspension - ☐ Discharge (5.01) ☐ Demotion (5.02) ☐ Exam Issue or Protest (9.22)
- ☐ Reinstatement to Register (10.03) ☐ Exam Eligibility ☐ Service Credit (13.01)
- ☐ 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): _____

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:

WHAT IS THE NAME OF YOUR UNION ASSOCIATION OR GUILD?

_____ **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. 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

City of Seattle Civil Service Department

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

Tel (206) 233-7118, Fax: (206) 684-0755, <https://www.seattle.gov/public-safety-civil-service-commission>

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