



**City of Seattle
CIVIL SERVICE COMMISSION**

700 5th Avenue, Suite 1670
PO Box 94729
Seattle, WA 9124-4729
Office: 206-233-7118
Fax: 206-684-0755

PETITION FOR REVIEW (OF A PRESIDING OFFICER'S FINAL DECISION)

INSTRUCTIONS

A Petition for Review must be sent to the Civil Service Commission and all parties (department) involved in the appeal within ten (10) calendar days following the date of the issuance of the Presiding Officer's final decision. The Responding party (department) shall serve and file their response and accompanying brief or written argument within seven (7) calendar days following the date on which they are served with a copy of the Petition for Review.

<p>Appeal No. _____</p> <p>Date Filed _____</p>	<p>Presiding Officer</p> <p>_____</p> <p>Date of Presiding Officer's Final Decision</p> <p>_____</p>
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Full Name of Appellant	Work Address
Residence Address	Work Telephone
City State Zip	Employee ID
Home/Cell Phone:	Department
Email:	Job Title

1. What specific findings of fact, conclusions of law, orders or rulings do you want the Commission to review?

Horizontal lines for writing.

Use additional page(s) if necessary.

2. Briefly, describe or argue why the Commission should change or modify the Presiding Officer's decision?

Horizontal lines for writing.

3. Cite any pages in the appeal record or exhibits that support your request:

4. Do you have an attorney or another person representing you for this Petition for Review? YES NO
If yes, please have your attorney submit a **NOTICE OF APPEARANCE** to the Commission Office and the Department.

All documents and information related to the **Petition for Review** will go to the attorney or representative.

A. ATTORNEY/AUTHORIZED REPRESENTATIVE:

Attorney/Firm Name: _____

Address: _____ Email: _____

B. APPELLANT:

If you **do not** have an attorney or a representative, please enter the address where documents related to this **Petition for Review** should be sent:

Mailing Address: _____

Personal Email: _____

Home/Cell Phone: _____

SIGNATURE OF APPELLANT	DATE
_____	_____
SIGNATURE OF ATTORNEY OR REPRESENTATIVE: (IF FILLING OUT THIS FORM):	DATE
_____	_____

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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