



City of Seattle
CIVIL SERVICE COMMISSION

700 5th Avenue, Suite 1670

PO Box 94729

Seattle, WA 98124-4729

Office: 206-233-7118

Fax: 206-684-0755

APPEAL TO THE CIVIL SERVICE COMMISSION (DISCIPLINARY)
INSTRUCTIONS

Disciplinary appeals to the Commission must be filed within twenty (20) calendar days of delivery of the Step Three grievance response. See [Personnel Rule 1.4-Employee Grievance Procedure](#).

INSTRUCTIONS:

Complete all three pages and attach any related documents or correspondence that is related to your appeal. **Commission staff is teleworking until further notice and temporarily unable to accept appeals in person or through the commission mail slot at SMT.** We will accept a signed .pdf sent via email to the Executive Director Andrea.Scheele@seattle.gov and Cc: Executive Assistant Teresa.Jacobs@seattle.gov. If you are unable to email a .pdf, please send your appeal via US Postal or fax and notify staff by email that you mailed your appeal to the commission office.

Upon receipt of your appeal, the Executive Director will review the appeal. If the appeal is deemed to be timely and within the Commission's jurisdiction, it will be reviewed at the Commission's next regularly scheduled meeting. You and the employing department will be notified of the time and date of the meeting. If your appeal is accepted, staff will follow up with both parties to schedule the first prehearing conference. If you intend to be represented by an attorney, please have the attorney submit a [Notice of Appearance](#). **If you are appealing a disciplinary decision, you are required to complete the Employee Grievance Process before your appeal will be accepted by the Civil Service Commission. See [Personnel Rule 1.4](#) for more information about this exhaustion requirement.** For more information about appeal rights and deadlines, please review the Civil Service Rules of Practice and Procedure [Rules of Practice and Procedure](#)

Use additional page(s) if necessary.

APPEAL TO THE CIVIL SERVICE COMMISSION (DISCIPLINARY)

Appeal No. _____ Date Filed	
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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. <u>WHAT ACTION IS BEING APPEALED?</u> (CHECK ONE)	<input type="checkbox"/> Demotion (5.01A) <input type="checkbox"/> Suspension <input type="checkbox"/> Probation <input type="checkbox"/> Discharge (5.01B) <input type="checkbox"/> City of Seattle Personnel Ordinance or Rule(s) Violation (5.01C):
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What Personnel rule, regulation, or provision, do you believe was violated? _____

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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Reason for this appeal _____ _____ _____ _____	Remedy Sought (What do you want?): _____ _____ _____
2. <u>UNION:</u> If you are a member of a union, what is the name of your union? _____ Local Number: _____	<div style="text-align: center;"> <input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT </div> <p>filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit.</p> <p>This matter <input type="checkbox"/> IS <input type="checkbox"/> IS NOT the subject of arbitration pursuant to a collective bargaining agreement.</p>
3. <u>EMPLOYEE GRIEVANCE PROCEDURE:</u> Did you receive notification of your right to a timely resolution of this grievance from your Department? <input type="checkbox"/> YES <input type="checkbox"/> NO (SMC 4.04.070)	If you filed a grievance through the Employee Grievance Procedure, what was the outcome? _____ _____ _____ _____
<div style="text-align: center;"> <input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT </div> <p>filed a grievance on the issues that are identified in this appeal, through the Employee Grievance Procedure. (Personnel Rule 1.4.2)</p>	

Please include with your appeal form the **Step 3 Grievance decision** of your employing department and **Investigatory Report from SDHR**, and any documents or correspondence that you have received from the Department related to your appeal. To meet timely filing of your appeal, these documents can be sent after filing this document.

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4. **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 the Department.

All documents and information related to the appeal will go to the attorney or representative.

Name: _____ Firm: _____

Address: _____ Email: _____

5. **APPELLANT:**

If you **do not** have an attorney or a representative, please enter the address where documents related to this appeal 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

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