



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	
Start Date in Position	City Employee Since, Month/Date/Year	Employee ID #
Full Name of Authorized Representative (if any)	Telephone Number (Include Area Code)	
SIGNATURE OF APPELLANT OR AUTHORIZED REPRESENTATIVE		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. ARE YOU A MEMBER OF A UNION? ☐ YES ☐ NO

If yes, Name of Union and Local Number: _____

- ☐ I HAVE / ☐ I HAVE NOT **filed a grievance on the same issues that are 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. Please list all other parties to be notified of this action:

Name	Title	Complete Address and/or Mail Stop	Phone (Include Area Code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. **Do you have an attorney or another person representing you for this appeal?** ☐ YES ☐ NO

If yes, please have the attorney submit a NOTICE OF APPEARANCE to the Commission office. All documents and information related to the appeal will go to the attorney or representative.

NOTE: AN ATTORNEY OR A REPRESENTATIVE IS NOT REQUIRED FOR THE APPEAL PROCESS

A. ATTORNEY:

Name: _____

Firm Address: _____

B. REPRESENTATIVE:

Name _____

Address: _____

If you do not have an attorney or a representative, Please put the address to where all legal documents for the appellant, related to this appeal should be served:

Mailing Address: _____

Residence, if different than Mailing Address: _____

Home Phone (Include Area Code): _____

Work Phone (Include Area Code): _____

Email: _____

APPELLANT'S NAME (PLEASE PRINT)

APPELLANT'S SIGNATURE

DATE