



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

PSCSC No.

Date Received:

**REQUEST FOR DECISION TO THE
PUBLIC SAFETY CIVIL SERVICE COMMISSION**

INSTRUCTIONS: This form is to request a decision from the Commission on **non-disciplinary** issues.

I.

Employee/Applicant's Full Name

Address **City /State/Zip**

Telephone/Email

Job Title/Position **Department/Unit**

Union

Employee ID #

II. REASON FOR REQUEST: (check one)

☐ **Reinstatement to Register**

☐ **Exam Eligibility**

☐ **Other Issue:** Please describe. _____

Please specify register/exam/position involved in request:

Requested Outcome (What do you want?): _____

III. DEPARTMENT/PERSONNEL DECISION:

- ☐ I HAVE / ☐ I HAVE NOT made this request to the employing department ☐ SFD / ☐ SPD.
- If yes, what was the outcome?

- ☐ I HAVE / ☐ I HAVE NOT made this request to the City of Seattle Personnel Department.
- If yes, what was the outcome?

EMPLOYEE/APPLICANT'S NAME (PLEASE PRINT)

EMPLOYEE/APPLICANT'S SIGNATURE

DATE

COMMISSION USE ONLY:

DECIDED BY EXECUTIVE DIRECTOR (DATE) _____

REQUEST ☐ APPROVED / ☐ DENIED / ☐ REFERRED TO COMMISSION

HEARD BY COMMISSION (DATE) _____

DECIDED BY COMMISSION (DATE) _____

REQUEST ☐ APPROVED / ☐ DENIED / ☐ DECLINED TO HEAR

Jennifer Greenlee, Executive Director

Date