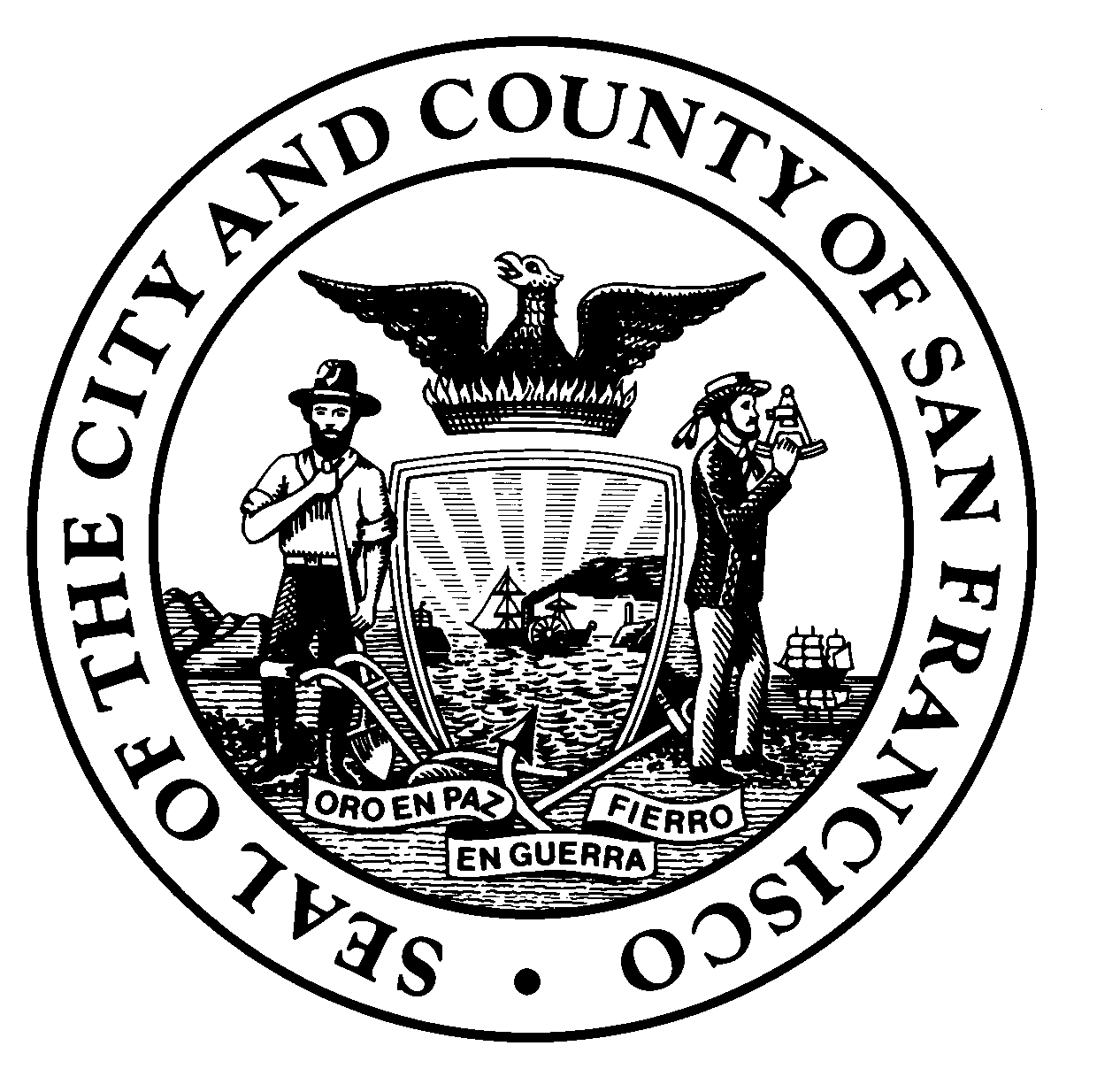
CIVIL SERVICE COMMISSION

CSC Register No.

**— —**

To:

CC:



City and County of San Francisco

25 Van Ness Avenue, Suite 720

San Francisco, California 94102-6033

Executive Officer

(628) 652-1100

# APPEAL TO THE CIVIL SERVICE COMMISSION

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| **INSTRUCTIONS:**  Submit an original copy of this form to the Executive Officer of the Civil Service Commission at the address above **within the designated number of days** following the postmarked mailing date or email date (whichever is applicable) of the Department of Human Resources’ or Municipal Transportation Agency’s notification to the appellant. The appellant’s/authorized representative’s original signature is required. **(E-mail is not accepted.)** It is recommended that you include all relevant information and documentation in support of your appeal. | **TYPE OF APPEAL:** (Check One)  ⁪ Examination Matters **(by close of business on 5th working day)**  ⁫ Employee Compensation Matters **(by close of business on 7th working day) - Limited application**  ⁫ Personal Service Contracts **(Posting Period)**  ⁫ Other Matters (i.e., Human Resources Director/Executive Officer Action) **(30 Calendar days)**  ⁫ Future Employability Recommendations (See Notice to Employee) |

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| Full Name of Appellant | Work Address Work Telephone |
|  |  |
| Job Code Title | Department |
|  |  |
| Residence Address | City State Zip Home Telephone |
|  |  |
| Full Name of Authorized Representative (if any) | Telephone Number of Representative (including Area Code) |

**NOTE**: If this is deemed to be a timely and appealable matter, the department will submit a staff report to the Civil Service Commission to request that it be scheduled for hearing. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick up a copy of the department’s staff report at the Commission’s offices. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please provide your email address below.

**Email:**

**COMPLETE THE BASIS OF THIS APPEAL ON THE REVERSE SIDE.** (Use additional page(s) if necessary)

|  |  |
| --- | --- |
| Does the basis of this appeal include **new** information not previously presented in the appeal to the Human Resources Director? If so, please specify. | Check One:  ⁫ Yes ⁫ No |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Signature of Appellant or Authorized Representative Date

**CSC-12 (12/2020) Date Received by Civil Service Commission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State the basis of this appeal in detail.** For more information about appeal rights and deadlines, please review the Civil Service Rules located on the Civil Service Commission’s website at [www.sfgov.org/CivilService](http://www.sfgov.org/CivilService).

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**CSC-12 (12/2020) (Use additional sheets if needed)**