

COVER SHEET – APPEAL TO THE STATE CIVIL SERVICE COMMISSION 5/15/03
(Please type or print legibly)

NAME: _____

Address: _____

Work phone: _____

Home phone: _____

Employee #: _____

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1. What action are you appealing?

2. What state agency took the action you are appealing?

3. What is your status? permanent probational provisional
 job appointee restricted unclassified

4. Did you receive written notice of the action? Yes No

5. If so, when? _____ A copy of the notice must be attached. If not, how and when did you learn about the action?

6. Why, generally, are you appealing the action?

NOTE: If you are a permanent employee appealing a disciplinary action or removal, use separate sheets to respond to the allegations against you. If you are not a permanent employee or you are appealing anything other than a disciplinary action or removal, you *only* have a right to appeal if the agency discriminated against you or violated the Civil Service Article or a Civil Service Rule. To be heard on these claims, you *must* plead, in detail, facts to support your conclusions. See Civil Service Rule 13.11(d). Use separate sheets to provide this detail.

7. What relief are you seeking?

8. If you are successful in this appeal, will someone else be adversely affected? If so, provide their names and addresses and explain how they will be adversely affected.

(Signature of employee or attorney)

Attorneys, please attach a letter of enrollment with your address, phone and fax numbers.