



CIVIL SERVICE COMMISSION
City and County of San Francisco
 25 Van Ness Avenue, Suite 720
 San Francisco, California 94102-6033
 Anita Sanchez, Executive Officer
 (415) 252-3247

CSC Register No.

 To: _____
 CC: _____

APPEAL TO THE CIVIL SERVICE COMMISSION

<p>INSTRUCTIONS: Submit an original copy of this form to the Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102-6033. Appeal must be received by the Executive Officer within the designated number of days following the postmarked mailing date of notification from the Department of Human Resources to the appellant. Original signature of appellant or authorized representative required for appeals. (E-mail not accepted.) *COB=Close of Business</p>	<p>TYPE OF APPEAL: (Check One)</p> <p><input type="checkbox"/> Examination Matters (by COB* on 5th working day)</p> <p><input type="checkbox"/> Employee Compensation Matters (by COB* on 7th working day) - Limited application</p> <p><input type="checkbox"/> Personal Service Contracts (Posting Period)</p> <p><input type="checkbox"/> Other Matters (30 Calendar days) (i.e., Human Resources Director/ Executive Officer Action)</p> <p><input type="checkbox"/> Future Employability Recommendations (See Notice to Employee)</p>
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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 (including Area Code)		

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

<p>Does the basis of this appeal include new information not previously presented in the appeal to the Human Resources Director? If so, please specify.</p>	<p>Check One:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Original Signature of Appellant or Authorized Representative _____ Date _____

