

CITY OF ATLANTA
CIVIL SERVICE BOARD
CONTINUANCE FORM
Department of Human Resources



TO: City of Atlanta
68 Mitchell Street, SW
Suite 2170, City Hall Tower
Atlanta, GA 30303

Date _____

From: Name of Appellant: _____

Appeal Number: _____

Telephone Number: _____

Email Address: _____

Hearing Date: _____

Continuance Requested by: City Appellant

I hereby request a continuance of my scheduled hearing before the Civil Service Board appealing the adverse action taken against me. The action is:

The Reason for this request: _____

Appellant Representative Name: _____

Telephone Number: _____

Email Address: _____

City Representative Name: _____

Telephone Number: _____

Email Address: _____

SIGNATURE OF EMPLOYEE: _____