

**CITY OF ATLANTA
CIVIL SERVICE APPEAL 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 Employee: _____

Address: _____

Employee ID Number: _____

Telephone Number: _____

Email Address: _____

Position Title: _____

Position Number: _____

Department: _____

Supervisor: _____

I formally request a hearing before the City of Atlanta Civil Service Board to appeal the adverse action taken against me on _____.

The action being appealed is:

- Termination
- Suspension of _____ days
- Demotion

Department justification for adverse action: _____

I am willing to mediate the adverse action listed above. Yes No

I will be represented by: Self Union Attorney

Representative:

Name: _____ Phone Number: _____

Address: _____

SIGNATURE OF EMPLOYEE: _____

- **Copies to:
- 1.) Director, Labor & Employee Relations
 - 2.) Deputy Commissioner, DHR Compliance and Regulation
 - 3.) Department Representative