APPEAL FROM SUSPENSION

NOTE: Please know that the act of appealing a discipline to the Civil Service Commission makes your case part of the public record. Details of the causes of action against you and the actions taken by the Board will appear on Commission agendas and minutes and may not be closed to public inspection including news media unless your job classification carries peace office status under state law.

PLEASE PRINT	OFFICE USE ONLY
	Hrg.Date:
	Time:
	Room:Examiner:
Date	
Board of Civil Service Commissioners City of Los Angeles Personnel Department Building 700 East Temple Street, Room 360 Los Angeles, CA 90012 213-473-9107	
Name:	
In accordance with Charter Section 1016, I	
SUSPENSION from my position of	
in the Department of	
I can be reached at (mailing address, cit	
(mailing address, cit	ty, state, zip code, etc.)
Telepho	one No.:
I will be represented by	
I will be represented by(Union Represen	tative, Attorney, or Other)
(address and te	lephone number)
Signature of Appellant	
Filed in the Office of the Commission	
on	ector
By:	
(See reverse for Health Insurance Cov	erage Information)

Revised 5-19-14