

**APPEAL FROM DISCHARGE**

**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 officer status under state law.

**PLEASE PRINT**

\_\_\_\_\_  
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 wish to appeal my  
DISCHARGE from my position of \_\_\_\_\_  
in the Department of \_\_\_\_\_.

I can be reached at:

\_\_\_\_\_  
(Street address or Post Office Box)  
\_\_\_\_\_, California \_\_\_\_\_  
(city) (zip code)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I will be represented by \_\_\_\_\_  
(Union Representative, Attorney, or Other)

\_\_\_\_\_  
(contact address and telephone number)

\_\_\_\_\_  
Signature of Appellant

Filed in the Office of the Commission

on \_\_\_\_\_  
Bruce E. Whidden, Commission Executive Director

By: \_\_\_\_\_

(See reverse for Health Insurance Coverage Information)

## HEALTH INSURANCE COVERAGE WHILE ON APPEAL FROM DISCHARGE OR SUSPENSION

This is to provide you with the necessary information should you wish continued group health insurance coverage pending decision of your appeal from discharge/suspension by the Civil Service Commission (CSC).

Continued group health insurance coverage may be accomplished provided that you notify the **Employee Benefits Office within 10 calendar days** from the date you file your appeal with the CSC. **Failure to notify the Employee Benefits Office will result in cancellation of your health insurance.** For Department of Water and Power, call (213) 367-2026.

As you are aware, the City contributes a health insurance subsidy for each eligible employee in the amount and under the conditions authorized by the City Council. The portion of the premium which is paid by you is the cost of the coverage under the plan in which you are enrolled less the amount of the City contribution. Any employee who does not receive a salary or who receives insufficient salary to permit payroll deduction is ineligible to receive the City subsidy. Therefore, during the appeal, the City cannot contribute funds to your health plan. You may, however, pay the entire premium each month to continue your group health insurance plan on an active status until a decision is reached on your appeal. Please contact the Employee Benefits Office for your premium rates and terms of payment.

Health insurance is governed by IRS regulations and other various state and federal laws, in addition to the rules and regulations of the LAwell program. Additionally, the LAwell programs' ability to provide health insurance is dependent on the terms and conditions of a contractual relationship with a vendor to provide such service. An individual's ability to continue health coverage is subject to meeting the terms and conditions of all these requirements.

The effects of the Civil Service Commission's decision on your appeal from discharge or suspension are discussed in the following paragraphs should you wish continued coverage.

**Discharge:** If your appeal decision is against you, your health insurance coverage will be canceled and the carrier will offer you conversion to an individual plan. If the decision is in your favor and the City is ordered to reinstate you with back pay and benefits, you will be entitled to a refund of an amount equal to the amount of the City subsidy you paid. If the decision is in your favor but the City is not required to pay back salary, you will not be entitled to a refund of the City subsidy. **In any case, a new payroll deduction card must be signed if you return to work.**

**Suspension:** You will not receive a refund of the amount of the City subsidy if the decision is against you. If the decision is in your favor, you will be entitled to a refund of an amount equal to the amount of the City subsidy which you paid. In either case, **a new payroll deduction card is not required.**

Again, please contact the Employee Benefits Officer within the specified time limit should you wish continued and uninterrupted health insurance coverage. If you have any questions or should you require additional information, call or visit the **Employee Benefits Office, Personnel Department, Room 867, City Hall, 200 North Spring Street, Los Angeles, California 90012, telephone (213) 978-1655.**