

COUNTY OF SAN LUIS OBISPO
APPEAL FORM

Human Resources Department ■ New County Government Center, 1055 Monterey St., Ste. D-250 ■ San Luis Obispo, CA 93408 ■ (805) 781-5959

Date _____ Your Job Classification Title _____
Name _____ Or Examination Title _____
Address _____ Department _____
City, State, Zip Code _____ Division _____
Telephone (805) _____ Representative (if applicable) _____

This form is required to be completed to state an **appeal** to the Civil Service Commission in accordance with Rule 4. Rule 4.06 (a) indicates Appealable matters to be as such:

- (1) A classification action made by the Human Resources Director, referred to in Rule 5.06;
- (2) A ruling by the Human Resources Director, referred to in Rule 6.05;
- (3) A decision by the Human Resources Director, made pursuant to Rule 8.05; and
- (4) A final written order made by an appointing authority pursuant to Rule 14.03(b).
- (5) A decision of the Human Resources Director pursuant to Rule 4.05(b) Step 3(e) routing decisions.
- (6) A decision of the Human Resources Director pursuant to a below satisfactory evaluation appeal under Rule 13.06.
- (7) A decision of the Human Resources Director made pursuant to Rule 10.09 denying a rejected employee's name to the eligible list.

Review Civil Service Rule 4 in its entirety to ensure this form is filed within the time limits set forth in the Rules. If you have questions about the procedure, contact the Human Resources Office for information. **DO NOT** contact members of the Civil Service Commission or Board of Supervisors prior to the date that your matter is scheduled for hearing.

*Return the completed form in an envelope marked CONFIDENTIAL - Attention Human Resources Director,
County Government Center, 1055 Monterey St., Ste. D-250, San Luis Obispo, CA 93408.*

Instructions: In the following space, continuing on the reverse side of this form, you are required to provide the following information. If necessary, continue on additional sheets of paper.

1. **Nature of appeal.** List the specific facts and events that are the basis of this appeal.
2. **Violation or infraction.** List the specific Civil Service Rule(s), Board of Supervisors regulations(s) or other law(s) you believe have not been followed.
3. **Relief requested.** List the specific remedy or solution you are seeking in order to solve or correct this matter.

***Important:** Do not attach additional materials or evidence to this form. Please type or print legibly.*
