



CIVIL SERVICE COMMISSION
City and County of San Francisco
 25 Van Ness Avenue, Suite 720
 San Francisco, California 94102-6033
 Executive Officer
 (628) 652-1100

CSC Register No.
— —
To:
CC:

APPEAL TO THE CIVIL SERVICE COMMISSION

<p>INSTRUCTIONS: Submit an original copy of this form to the Executive Officer of the Civil Service Commission at the address above within the designated number of days following the postmarked mailing date or email date (whichever is applicable) of the Department of Human Resources' or Municipal Transportation Agency's notification to the appellant. The appellant's/authorized representative's original or e-signature is required. It is recommended that you include all relevant information and documentation in support of your appeal.</p>	<p>TYPE OF APPEAL: (Check One)</p> <p><input type="checkbox"/> Examination Matters (by close of business on 5th working day)</p> <p><input type="checkbox"/> Employee Compensation Matters (by close of business on 7th working day) - Limited application</p> <p><input type="checkbox"/> Personal Service Contracts (Posting Period)</p> <p><input type="checkbox"/> Other Matters (i.e., Human Resources Director/Executive Officer Action) (30 Calendar days)</p> <p><input type="checkbox"/> Future Employability Recommendations (See Notice to Employee)</p>
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Full Name of Appellant		Work Address		Work Telephone	
Job Code	Title	Department			
Residence Address		City	State	Zip	Home Telephone
Full Name of Authorized Representative (if any)			Telephone Number of Representative (including Area Code)		

NOTE: If this is deemed to be a timely and appealable matter, the department will submit a staff report to the Civil Service Commission to request that it be scheduled for hearing. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick up a copy of the department's staff report at the Commission's offices. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please provide your email address below.

Email: _____

COMPLETE THE BASIS OF THIS APPEAL ON THE REVERSE SIDE. (Use additional page(s) if necessary)

Does the basis of this appeal include new information not previously presented in the appeal to the Human Resources Director? If so, please specify.	Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Original Signature of Appellant or Authorized Representative _____ Date _____

CSC-12 (9/2025) Date Received by Civil Service Commission: _____

