

Career Service Hearing Office Appeal to Hearing Officer

Name _____ Phone (w) _____ (h) _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Job Title _____
Agency Employed By _____ Dept/Division _____
Employment Status: Career Service Probationary On call / Seasonal Former employee Other _____

1. Direct Appeal [CSR 19-10 A. 1.]

- a. Dismissal Disqualification Layoff Whistleblower violation
 Suspension or temporary reduction in pay Involuntary demotion with an attendant loss of pay

b. Date and nature of notice of action checked above _____

c. *Please attach all notices of discipline or other employment action being appealed.*

2. Appeal of Complaint or Grievance [CSR 19-10 A. 2.]

- a. Discrimination – race color religion national origin sex age political affiliation
 sexual orientation disability other status protected by law _____

Harassment based on _____ [see options after "Discrimination"]

Retaliation based on _____ [protected activity under CSR § 15-106, e.g., reporting unlawful discrimination.]

Grievance _____

Grievance of Performance Enhancement Program Report (PEPR) _____

b. Date of complaint or grievance _____

c. Date Agency replied to or acted on complaint or grievance _____

d. *Please attach the complaint or grievance and the Agency's response. Number each page of your attachments.*

3. Reason for appeal of action or disposition of complaint or grievance checked above:

4. Remedy sought _____

5. Career Service Rules, Charter Amendments or Ordinances you believe the Agency violated:

Signature of Appellant: _____ Date _____

Representative Name & Address: _____

Signature of Representative: _____ Date _____

Address for service of pleadings and orders:

[Note: Acceptance of email or fax filing waives service in person or mail under CSR§ 19-35.]

Appellant: Email _____ Fax _____ Mail _____

Representative: Email _____ Fax _____ Mail _____

6. Request for Mediation

Mediation is a voluntary process in which a trained mediator assists parties to reach a mutually acceptable agreement. CSR 18-10 B. A mediator does not decide for or against either party.

A party may request mediation pursuant to Rule 18 Dispute Resolution any time during the appeal process. Requesting mediation does NOT extend the time for filing an appeal and does not affect the appeal process or the appeal hearing date, unless both sides agree. If the parties agree that an extension of appeal deadlines is necessary, the parties must file a written request with the Hearing Office. CSR 19-25

Parties are encouraged to participate in mediation. If either party refuses mediation, then the refusing party must notify the other party, the appointing authority or designee and CSA Employee Relations in writing the reason(s) for the refusal within 10 calendar days of receiving notice of the request for mediation from the Employee Relations Unit. The notification must include a certificate of service. CSR 18-30 A.2

I request mediation in this appeal, and acknowledge that the rules cited above apply to the mediation process.

Signature: _____
Date: _____