



CITY OF ATLANTA
CIVIL SERVICE APPEAL FORM
Department of Human Resources

TO: City of Atlanta
68 Mitchell Street, SW
Suite 2170, City Hall Tower
Atlanta, GA 30303

Date _____

From: Name of Employee: _____

Address: _____

Employee ID Number: _____

Telephone Number: _____

Email Address: _____

Position Title: _____

Position Number: _____

Department: _____ Bureau: _____

Supervisor: _____

I hereby request a hearing before the Civil Service Board to present my appeal of adverse action taken against me. The action is:

The charge(s) is/are as follows: _____

Please advise me as my case nears the date of hearing so that I may be prepared.

I will be represented by: Self Union Other

Representative:

Name: _____ Phone Number: _____

Address: _____

SIGNATURE OF EMPLOYEE: _____

- **Copies to:
- 1.) Director, Labor & Employee Relations
 - 2.) Commissioner, Department of Human Resources
 - 3.) Department Representative
 - 4.) Employee