

Commission Use Only

Date Received: _____

Assigned to: _____

Due Date: _____

PETITION OF APPEAL

Civil Service Commission
Department of Human Resources
City and County of Honolulu
650 South King Street, 10TH Floor
Honolulu, Hawaii 96813

Name of Appellant: _____ Telephone: _____

Address: _____

Position No.: _____ Present Class: _____

Department: _____ Division: _____

Adverse Action Being Appealed: Suspension
 Dismissal
 Demotion
 Other (describe) _____

Date Notice of the Action was Sent to the Appellant: _____
(Original Action or Administrative Review, whichever is later, as defined in Rule 1-35, Filing of Appeal)

Department Taking Adverse Action: _____

Particular Rule or Statute Involved, if known:

Statement of Facts and Events Leading to the Adverse Action:

Statement of Issues:

Remedy Requested:

Signature of Appellant

Authorized Agent, if any

Address

Telephone:

Submit original plus 8 copies
typewritten or in ink. For
additional space, use plain
8 1/2 " x 11" sheets and attach.

INSTRUCTIONS:

These instructions correspond to the Petition of Appeal form on the other side of this page. While failure to properly file this form may not necessarily invalidate the petition, such failure may require the petitioner to properly complete the form before a hearing can be held. In certain cases, improper completion of this form may cause the petition to be rejected.

Adverse Action Being Appealed

Check what action you are appealing against.

Particular Rule or Statute Involved, if known

List the rule or statute you feel was violated in the action against which you are appealing. You may want to consult the personnel rules or laws, your union agent, or the Civil Service Commission secretary for assistance. If you do not know what rule or law was violated, state "don't know."

Statement of Facts and Events Leading to Adverse Action

Briefly give an account of what happened, when it occurred, who was involved, and other pertinent facts on the matter which gave rise to the action against which you are appealing.

Statement of Issues

State what you believe was done wrong in the action. If this statement is not clear as to what is being claimed as a wrongdoing, the person being appealed against has a right to ask you for more specific statements as to the wrong that you say was committed.

Remedy Requested

Describe what action you are asking the Commission to take if it were to rule in favor of your appeal.

Signature

Your signature must be in ink. If you have a representative who is going to act for you, his/her signature should also be obtained.

Number of copies

The appeal must be submitted in eight (8) copies, plus the original. It should be typewritten or in ink. Copies may be photocopied. If you need additional space to complete this form, use plain 8 ½ " x 11" sheets.