



CIVIL SERVICE BOARD

APPEAL REQUEST

A COPY OF THE DISCIPLINARY FINDINGS MUST BE ATTACHED

FOR CIVIL SERVICE USE ONLY

Case No.: _____

DATE: _____

FROM: _____

First Name

M.I.

Last Name

My current residence: _____
Street Apartment Number

City

State

Zip Code

Home Phone: _____ Work Phone: _____

Position Title

Department

Division

I hereby appeal the following action:

Dismissal

Effective Date: _____

Suspension

Number of Days: _____ Effective Date: _____

Demotion

From: _____
Position

To: _____
Position

Effective Date: _____

I will be represented by:

Attorney

Union Rep.

Myself

Name: _____

Address: _____

Phone: _____

Dayton Public Schools Employee

City of Dayton Employee

Signature