



DATE RECEIVED: \_\_\_\_\_

Appeal to the  
**CIVIL SERVICE COMMISSION/MERIT APPEALS BOARD**

MO'IKEHA BUILDING  
4444 Rice Street, Suite 150  
LIHU'E, KAUA'I, HAWAII 96766  
Telephone (808) 241-4919 • Fax (808) 241-5496

Submit original plus eight (8) copies of this form to the above address.

**Use black ink or a typewriter to complete this form. Use additional pages as necessary.**

1. Name, address, and telephone number of the Appellant:

Is the Appellant a County employee: \_\_\_Yes \_\_\_No

2. Name, address, and telephone number of Appellant's authorized representative (if any):

3. Name of the Mayor, the Director of Human Resources, or appointing authority or a designee acting on behalf of one of these individuals whose action is being appealed:

4. Pursuant to HRS 76-14, this appeal is being filed for an action under the following category (check all applicable):

\_\_\_ Recruitment & Examination

\_\_\_ Classification or reclassification of a particular position

\_\_\_ Employment action taken under Chapter 76, HRS, (appellant must be a civil service employee excluded from collective bargaining)

5. Date action taken:

6. Date notice of action was received by Appellant:

7. Statement of legal wrong caused by the action of the Mayor, Director of Human Resources, or an appointing authority or a designee acting on one of these individuals, or a statement as to how such action has adversely affected or aggrieved the Appellant. Include a concise statement of the facts pertinent to this appeal.

8. Other facts relevant to this appeal:

9. Remedy requested with reasons and explanation of the legal basis by which remedy should be granted:

10. I would like to have my appeal heard in a meeting:  
 Open to the Public  
 Closed to the Public

Rules of the Civil Service Commission/Merit Appeals Board provide as follows:

§1-39 Filing of appeal. (a) Time. Any person who has a standing to appeal shall file a petition of appeal to the commission within twenty (20) calendar days after notice of the action was sent by the director or appointing authority.

(e) The commission shall not proceed on an appeal unless all internal complaint procedures, including administrative review and departmental complaint procedures have been exhausted.

This is to certify that to the best of my knowledge, information, and beliefs, every statement contained herein is true and no statement is misleading nor interposed for delay.

Date: \_\_\_\_\_

\_\_\_\_\_  
Appellant's Printed Name

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Printed Name of Appellant's  
Representative (if any)

\_\_\_\_\_  
Representative's Signature