

CIVIL SERVICE COMMISSION APPEAL FORM

Rules of the Civil Service Commission/Merit Appeals Board

Rule 6.2 Filing of Appeal: Any person who has a standing appeal shall file a petition of appeal (complete an Appeal Form) to the Civil Service Commission within twenty (20) calendar days after notice of the action was sent by the director or appointing authority.

Rule 6.1 (e) The Civil Service Commission shall not proceed on an appeal unless all internal complaint procedures, including administrative review and departmental complaint procedures have been exhausted. Hawaii Revised Statutes 76-47.

1.	Appellant Contact Information: Name: Mailing Address: Telephone Number:			
	Telephone Number: Electronic Mail (Email) Address:			
2.	Is the Appellant a County of Kauai employee? YesNo			
3.	Appellant's Authorized Representative Information (if any): **Representative must complete a separate Civil Service Commission Appeal Form Representative Name: Mailing Address:			
	Telephone Number: Electronic Mail (Email) Address:			
4.	4. Name of the individual(s) whose action is being appealed. (Example: Mayor, Human Resource Director, Appointing Authority or Designee acting on behalf of one of these individuals whose action is appealed):			
5.	Pursuant to HRS 76-4 and Rule 6-1 Standing Appeal, this appeal is being filed for an action under the following category (check all applicable): Recruitment & Examination Classification or Reclassification of a particular position Initial Pricing of Classes			
	Other employment actions under this rule, including disciplinary actions and adverse actions for failure to meet performance requirements, taken against civil service employees who are excluded from collective bargaining coverage under Hawaii Revised Statutes §89-6			
6.	Date action taken:			
7.	Date notice of action was received by Appellant:			
8.	Statement of legal wrong caused by the action of the Mayor, Director of Human Resources, Appointing Authority, or Designee acting on one of these individuals, or a statement as to how such action has adversely affected or aggrieved the Appellant. Include concise statement of facts pertinent to this appearance.			

9. Other facts relevant to	this appeal:	
10. Remedy requested wit	th reasons and explanation of the legal basis b	by which remedy should be granted:
	before the Civil Service Commission/Merit A ould like to have my appeal heard in a meeting	
C	pen to the Public	Closed to the Public
	e best of my knowledge, information, and beli misleading nor made to create delay.	efs, every statement contained herein
		Date
Appellant Signature		
Submit Form by Mail:	Civil Service Commission c/o Office of Boards and Commissions Pi'ikoi Building 4444 Rice Street, Suite 300 Lihue, HI 96766	
Hand Deliver Form:	Office of Boards and Commissions Pi'ikoi Building 4444 Rice Street, Suite 300 Lihue, HI 96766 Hours: M-F 7:45am to 4:30pm (closed S	at/Sun/Holidays)