

SUSPENSION APPEAL FORM

Date: _____

Civil Service Commission Secretary
300 North Campbell
El Paso, Texas 79901

To the Honorable Civil Service Commission:

I, _____, of the _____
Department, under the provisions of 6.13-4, hereby appeal my Department Head's order given
to me on _____ to to place me on SUSPENSION from
_____ to _____.

Additional comments:

Signature: _____

(Please Print)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Employee ID #: _____ Last 4 of SS#: _____

Do you have an attorney or personal representative? Yes No

If yes, Please give name and address:
