

DATE/TIME RECEIVED: _____ (Official Use Only) FILE# _____

**REQUEST FOR CIVIL SERVICE APPEAL
OR GRIEVANCE HEARING**

___ File Appeal to Civil Service Commission **OR** ___ File Grievance with Office of the Labor Commissioner (Available to unionized members of AFSCME Locals 44, 558, 2202; the City Union of Baltimore; Fire Fighters Local 734 and Fire Officers Local 964 only)

NOTE: An eligible Employee may choose either to file an Appeal to the Civil Service Commission or a Grievance with the Office of the Labor Commissioner. An Employee's decision regarding whether to file an Appeal or a Grievance is **final** and **binding** on the Employee.

UNION/LEGAL REPRESENTATION CONTACT INFORMATION

Representative's Name: _____

Union/Firm: _____

Address: _____

Phone Number(s): _____

Email: _____

REASON FOR THIS REQUEST

Check the reason for the request and attach a copy of the disciplinary letter.

___ Termination ___ Demotion ___ Suspension over 30 days

EMPLOYEE CONTACT INFORMATION

Employee's Name: _____

Address: _____

Phone Number: _____ SSN (Last Four Digits Only): _____

Email Address: _____

Department/Bureau: _____

Job Title: _____

Employee's Signature / Date

cc: Civil Service Commissioner, 7 E. Redwood Street, 17th Floor, Baltimore, MD 21202 |
Civil.Service@baltimorecity.gov
Office of the Labor Commissioner, 417 E. Fayette Street, Suite 1203, Baltimore, MD 21202 |
OLC@baltimorecity.gov