STATE OF FLORIDA
PUBLIC EMPLOYEES RELATIONS COMMISSION

CAREER SERVICE
APPEAL FORM

I _____ **a** _____
(Name - Print or Type) (Job title or classification)

wish to appeal _____ **by** _____.
(Kind of action) (Name of agency)

I received notification of this action on _____.
(Date)

Give a brief description of why you wish to appeal.

_____

_____

_____

Your mailing address:

_____

_____

_____
Telephone number (between 8 a.m. and 5 p.m.)

_____
Signature (Employee) Date

Name and mailing address of your Attorney or Representative:

_____

_____

_____
Telephone number (between 8 a.m. and 5 p.m.)

_____
Signature (Attorney or Representative) Date

Note important information on back of form.

Send 2 copies of completed form and 2 copies of the notice of final action to:

Public Employees Relations Commission
4050 Esplanade Way
Tallahassee, Florida 32399-0950
Phone (850) 488-8641
FAX (850) 488-9704
Suncom FAX 278-9704

Rev 5/02

IMPORTANT INFORMATION

REGARDING

CAREER SERVICE APPEALS

Chapter 110, Florida Statutes, provides that a career service employee may appeal the following matters to the Public Employees Relations Commission:

Dismissal	Suspension
Demotion	Reduction in pay

Complaints of retirement or transfer of career service employees 65 or older

Complaints of age discrimination

The Commission Appeals Coordinator is available to assist you in filling out this form or answer any questions you may have regarding this appeal. Call (850) 488-8641.

This appeal must be received by the Commission within 14 calendar days after the date you received the notice of final action. You must send two copies of this form and two copies of the notice of final action.

A copy of your appeal will be sent to the agency by the Commission.