



APPEAL FORM: Removal from Eligible List

Today's Date: _____

To: The Board of City Service Commissioners

I, _____, appeal the action of the
(candidate's name)

_____ Department for removing
(department name)

my name from the _____ eligible list.
(job title)

The letter I received was dated _____. It said I was removed from

the list *(check all that apply)*:

- Due to my failure to disclose significant information regarding my conviction record.
- Because I did not successfully pass one of the pre-employment requirements for this position. Based upon my previous work record.
- Because I have not responded to interview notices. Due to the nature *(relevancy)* of my convictions.
- Based upon an unsatisfactory driving record.
- Due to a previous Discharge or Resignation in Lieu thereof.
- Because I do not meet one of the minimum requirements for the position *(e.g. license, experience)*.
- Other *(please explain)*:

I am appealing this decision because:

(signature)

(address)

(telephone number)

Return form to:
Elizabeth Moore at elmoor@milwaukee.gov
Or FAX (414) 286-0203
Department of Employee Relations
City Hall, 200 E. Wells Street, Milwaukee, WI 53202