



# 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)*