



COMMONWEALTH OF PENNSYLVANIA
STATE CIVIL SERVICE COMMISSION
APPEAL REQUEST FORM

Information and Instructions

- If you are filing an appeal, you are referred to as an appellant, and you must complete Part I of the Appeal Request Form. Parts II and/or III should be completed as applicable.
- Type or print all information except your signature to avoid a processing delay. A fill-in PDF version of this form is available on the State Civil Service Commission's (Commission) website, www.scsc.pa.gov. This fill-in PDF version can be printed, signed, and submitted via hand delivery or USPS mail. Completed forms may also be submitted by fax or electronically to RA-cs-legalsvcsQandA@pa.gov. If you submit the form by fax or email, you will also need to hand deliver or mail the copy containing your original signature. The date you faxed or emailed the form will be preserved as your filing date.
- It is important to be as specific with details as possible when completing the Appeal Request Form. If you need additional space, attach a separate sheet(s).
- Please attach a copy of the written notice announcing the challenged action upon which you base your appeal to avoid unnecessary delay.
- As the appellant, you must personally sign this form. 4 Pa. Code § 105.12(a)(2). The required signature box is in Part IV, Box O, which is at the bottom of the last page. Failure to sign may cause delay or dismissal of your appeal.
- Make a copy of the completed form for your records. Return the original to the Commission's Legal Services Office at the address shown at the top of the Appeal Request Form.
- Appeals must be received or postmarked not more than **20 calendar days** of when you were notified of the challenged action, or learned of the alleged violation. 4 Pa. Code § 105.12(a)(3).
- You do **NOT** need to send a copy of your completed Appeal Request Form to the employing agency.
- You must keep copies of all documents you submit with this form. If a hearing is granted, you must submit those documents at the hearing.
- You can review helpful information about the appeals process as well as relevant excerpts from the Rules of the Civil Service Commission and Act 71 of 2018 (Civil Service Reform) on the Commission's website, www.scsc.pa.gov.
- Access to information provided herein, though subject to the Right-to-Know law, is restricted to Commission business.
- The Commission's Legal Services Office can provide answers to any procedural questions but cannot provide any legal advice.

Prohibition of Discrimination
71 Pa.C.S. § 2704

Section 2704 of Act 71 of 2018 (Civil Service Reform) prohibits officers or employees of the Commonwealth from discriminating against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action with respect to the classified service. The prohibition under this section encompasses both procedural and traditional discrimination.

Procedural discrimination involves a violation of procedures required pursuant to Act 71 or other related Rules. *Traditional discrimination* encompasses claims based on race, gender, religion, disability, political, partisan, or labor union affiliation, or other non-merit factors. Examples of *non-merit factors* include, but are not limited to: military service, dress style, marital status, and other such factors.

Time limits - A person who is aggrieved by an alleged violation of Section 2704 of Act 71 may appeal in writing not more than **20 calendar days** of when they were notified of the challenged action, or learned of the alleged violation. 4 Pa. Code § 105.12(a)(3).

If the Commission determines there has been a sufficient allegation of discrimination, a public hearing will be scheduled.

Form Instructions

Part I

- *Box A Type or print your last name, first name and middle initial. Marking “Mr.” or “Ms.” is optional.
- Box B Type or print your Commonwealth Employee Personnel ID Number, if you have one. You can find your personnel ID number at the top of your paystub. If you are not a current or former Commonwealth employee, leave this box blank.
- *Box C Type or print an email address where you can be reached. The Commission will use this address when communicating with you regarding your appeal.
- Box D If your appeal is related to Veterans’ Preference, mark appropriately.
- *Box E Type or print your current home mailing address. Please do not write your work address.
- *Box F Type or print your available telephone number(s).
- Box G Type or print your latest civil service job title, if you have one.
- Box H Type or print the name of the agency or department your appeal is against.
- Box I Mark the appropriate box. If “other,” please explain.
- *Box J Mark the appropriate box.
- *Box K Mark the appropriate box(es) as to *how* and *when* you were notified or made aware of the challenged action you are appealing. If you received a notice in writing, please attach a copy of that notice. Make sure you keep a copy for yourself. If you were not notified of the challenged action, please mark the box.
- Box L Type or print the remedy you are seeking. Examples of remedies include, but are not limited to: modifying or setting aside the challenged action, reinstatement, and/or payment of the portion of salary or wages lost. *See* 71 Pa.C.S. § 3003(8).

Part II

- Box M This section is for regular status civil service employees only. Mark the appropriate box. You may add additional information on the form or by attaching a separate page.

Part III

- Box N This section is for all regular and probationary status employees as well as job seekers who are asserting discrimination under 71 Pa.C.S. § 3003(7)(ii). Be sure to mark the appropriate box(es) in the first section (*Type of Action Being Appealed*) and also the appropriate box(es) in the second section (*Type of Discrimination Alleged*). Please respond as completely as possible to the questions on the last page in Part III.

For more information regarding the types of appeals, please refer to the Appeals Booklet on the Commission’s website, www.scsc.pa.gov. Examples of discrimination are listed on the information page under the heading “Prohibition of Discrimination.”

Part IV

- *Box O Sign your name in ink and write the date you signed. Pursuant to 4 Pa. Code § 105.12(a)(2), this document requires an original signature for submission.

* These boxes must be completed to avoid unnecessary delay.

Note: It is the appellant’s responsibility to carefully review the hardcopy/printed Appeal Request Form prior to submission to ensure all necessary information is included. The Commission’s determination on whether to grant a hearing is based on the information provided on the Form and any supplemental documents.

Commonwealth of Pennsylvania – State Civil Service Commission

Legal Services Office – P.O. Box 569 – Harrisburg, PA 17108-0569

Email: RA-cs-legalsvcsQandA@pa.gov

Phone: (717) 783-2924

Fax: (717) 772-5120

APPEAL REQUEST FORM

LEGAL SERVICES OFFICE USE ONLY

THIS FORM MUST BE RECEIVED OR POSTMARKED NOT MORE THAN TWENTY (20) CALENDAR DAYS OF WHEN YOU LEARNED OF THE ACTION YOU ARE APPEALING. 4 Pa. Code § 105.12(a)(3).

PART I – GENERAL INFORMATION (TO BE COMPLETED BY ALL APPELLANTS)**A. APPELLANT'S NAME (Last, First, Middle Initial)**

(Optional) Mr. Ms.

B. EMPLOYEE PERSONNEL NUMBER
(Only current or former Commonwealth employees)**C. EMAIL ADDRESS** I do not have an email address. I am willing to receive explanatory information, communications, orders, and other notices via email. In accordance with applicable law, some documents may also be mailed to the address listed in Box E.**D. IS YOUR APPEAL RELATED TO A VIOLATION OF VETERANS' PREFERENCE?** YES NO

EXPLAIN: _____

E. CURRENT HOME ADDRESS (Please let us know if your address changes. Failure to do so may result in processing delays or dismissal of your appeal.)_____ Apt. #: _____
Address line 1

_____ Address line 2

_____ City

_____ Zip Code: _____
State**F. AREA CODE AND TELEPHONE NUMBER**

WORK:

HOME:

CELL:

G. WHAT IS/WAS YOUR LATEST CIVIL SERVICE JOB TITLE?**H. APPOINTING AUTHORITY (AGENCY) INVOLVED****I. WHAT IS/WAS YOUR MOST RECENT CIVIL SERVICE STATUS?** REGULAR PROBATIONARY OTHER _____**J. WILL YOU BE REPRESENTED BY AN ATTORNEY?** YES NO DON'T KNOW YET

Any attorney retained, now or later, must promptly file a "Praecipe for Appearance" form in order to receive any communications related to your appeal. If you do not have one at this time you can let us know if you retain one at a later date.

K. HOW AND WHEN WERE YOU NOTIFIED OF THE CHALLENGED ACTION OR LEARNED OF THE ALLEGED VIOLATION YOU ARE APPEALING? NOT NOTIFIED VERBALLY Date: _____ IN WRITING Date: _____

Please attach a copy of the written notice

L. WHAT REMEDY ARE YOU SEEKING?

PART II – REGULAR STATUS EMPLOYEES ONLY

(For removal, furlough, suspension, demotion, or forced resignation.)

Section 3003(7)(i)

Hearings – Under Section 3003(7)(i) of Act 71 of 2018 (Civil Service Reform), any regular status employee may, not more than 20 calendar days of receipt of notice from the employing agency, appeal in writing to the Commission any permanent separation, suspension for cause, furlough, demotion or forced resignation, on the grounds that such action has been taken in violation of the provisions of this Act. Upon timely receipt of such appeal, the Commission shall promptly schedule and hold a hearing.

M1. CHECK APPLICABLE BOX:

- REMOVED FURLOUGHED SUSPENDED DEMOTED FORCED RESIGNATION

If you are alleging discrimination and wish for a hearing also on that basis, you must also complete Part III below.

M2. ADD ANY ADDITIONAL INFORMATION YOU WISH TO INCLUDE HERE. (Attach additional sheets if necessary.)

PART III – ALL PERSONS/EMPLOYEES ALLEGING DISCRIMINATION

N1. Employees who do not have regular status AND job seekers who are alleging discrimination may ONLY appeal under Part III. Regular status employees alleging discrimination must also appeal under this Part to be granted a hearing under this Part. Check the applicable box(es) to indicate the type of action(s) being appealed AND the type(s) of discrimination you allege. You must be prepared to prove your statements if a hearing is granted.

TYPE OF ACTION BEING APPEALED

- Removal Suspension Furlough Denial of Leave/Absence Eligibility List Removal Transfer
- Demotion Reassignment Employee Performance Review (Interim EPRs are not appealable.) Downward Reclassification
- Reinstatement Compensation Changes Forced Resignation Denial of Veterans' Preference
- Non-Appointment/Promotion to (identify job title) _____
- Other (Explain) _____

TYPE OF DISCRIMINATION ALLEGED

- Political Opinions/
Affiliations Labor Union
Affiliations Race Sex Violation of Act 71 of 2018 (Civil Service Reform) or Rules
- Religious Opinions/
Affiliations National Origin Age Disability Retaliation Disparate Treatment
- Other Non-Merit Factors (Explain) _____

Section 3003(7)(ii)

N2. Explain why you believe you were discriminated against. Be as complete and specific as possible. Failure to do so may result in denial of your appeal. The Commission will not be contacting you or the involved agency with any follow-up questions. You may attach supporting documents – but make sure you keep a copy of such documents. *(Attach additional sheets if necessary.)*

A. What action(s) occurred which led you to believe you were discriminated against?

B. Where and when did this action occur?

C. Who discriminated against you? Provide name(s) and job title(s), if known.

D. Do you believe Act 71 of 2018 (Civil Service Reform) and/or Rules of Classified Service Employment were violated? If so, what section(s)? *(You can review relevant excerpts of the Rules of Classified Service Employment and Act 71 of 2018 (Civil Service Reform) on the Commission's website, www.spsc.pa.gov.)*

E. Provide any other information which you believe is relevant. You may attach additional sheets if necessary.

BE SURE TO KEEP COPIES OF ALL DOCUMENTS YOU SUBMIT WITH THIS FORM.

PART IV – ALL APPELLANTS MUST SIGN AND DATE BELOW

O. SIGNATURE (APPELLANT MUST SIGN IN INK)

DATE SIGNED