

PRAECIPE FOR APPEARANCE

TO: State Civil Service Commission
Legal Services Office
320 Market St., 4th Floor
P.O. Box 569
Harrisburg, PA 17108-0569

Fax 717-772-5120

Date Submitted

PLEASE ENTER MY APPEARANCE IN THE FOLLOWING APPEAL:

APPELLANT'S NAME: _____

APPEAL NO. _____

I WILL REPRESENT: _____ APPOINTING AUTHORITY
 _____ APPELLANT
 _____ OTHER

ATTORNEY'S NAME: _____

ATTORNEY'S ADDRESS: _____

ATTORNEY'S EMAIL: _____

ATTORNEY'S PHONE NO.: _____

ATTORNEY'S FAX NO.: _____

COMMONWEALTH OF PA
ATTORNEY'S I.D. NO.: _____

ATTORNEY'S SIGNATURE: _____