

PRAECIPE FOR APPEARANCE

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

DATE SUBMITTED

PLEASE ENTER MY APPEARANCE IN THE FOLLOWING APPEAL:

APPELLANT'S NAME: _____
(PLEASE PRINT)

APPEAL NO.: _____

APPOINTING AUTHORITY

I WILL REPRESENT: **APPELLANT**

OTHER _____

ATTORNEY'S NAME: _____
(PLEASE PRINT)

ATTORNEY'S ADDRESS: _____

ATTORNEY'S E-MAIL: _____

ATTORNEY'S PHONE NO.: (____) _____

ATTORNEY'S FAX NO.: (____) _____

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

ATTORNEY'S SIGNATURE: _____