

**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 signature to avoid a processing delay. A fill-in PDF version of this form is available on our website, [www.scsc.pa.gov](http://www.scsc.pa.gov). This fill-in PDF version can then be printed, signed and submitted via hand delivery or USPS mail.
- 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 personnel 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 State Civil Service Commission (SCSC) Legal Services Office at the address shown at the top of the Appeal Request Form.
- Appeals must be received or postmarked within **20 calendar days** of when you were notified of the personnel action, or learned of the alleged violation. 4 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 Civil Services Rules and Act 71 of 2018 (Civil Service Reform) on the Commission's website, [www.scsc.pa.gov](http://www.scsc.pa.gov).
- Access to information provided herein, though subject to the Right to Know law, is restricted to Commission business.
- The SCSC Legal Services Office can provide answers to any procedural questions but cannot provide any legal advice.

**71 Pa.C.S. § 2704:**

**Prohibition of Discrimination** – No officer or employee of the Commonwealth shall discriminate against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action with respect to the classified service because of political or religious opinions or affiliations, because of labor union affiliations, or because of race, national origin, or other non-merit factors.

- **Discrimination Appeals** – Any person who is aggrieved by an alleged violation of Section 2704 of Act 71 of 2018 (Civil Service Reform) may appeal in writing within 20 calendar days of when the appellant was notified of the personnel action, or learned of the alleged violation.

- **Discrimination appeals also include** allegations of procedural violations (i.e. statute or rules violations, non-merit factors).

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

**Please see reverse side of this sheet for specific form instructions.**

## 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. If not a current or former Commonwealth employee leave this box blank. You can find your personnel ID number at the top of your paystub.
- \*Box C Type or print an email address where you can be reached.
- Box D If you are eligible for Veterans’ Preference, mark appropriately. 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 personnel 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 personnel action, please mark the box.
- Box L Mark the appropriate box(es) related to the remedy you are seeking. If other, please explain.

### 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 applicants to assert discriminatory appeals. 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.

Examples of non-merit factors include, but are not limited to, military service, dress style, marital status, gender identity, and others.

### 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.

LEGAL SERVICES OFFICE USE ONLY

**THIS FORM MUST BE RECEIVED OR POSTMARKED WITHIN 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, MI)**(Optional)  Mr.  Ms.**B. EMPLOYEE PERSONNEL NUMBER****C. EMAIL ADDRESS** I do not have an email address. I am willing to receive explanatory information and communications via email.  
All official mailings must be sent via USPS.**D. ARE YOU ELIGIBLE FOR VETERANS' PREFERENCE?** YES  NO**IF YES, IS YOUR APPEAL RELATED TO VETERANS' PREFERENCE?** YES  NO**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.)**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 do get one at a later date.*

**K. HOW AND WHEN WERE YOU NOTIFIED OF THE PERSONNEL 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?** REINSTATEMENT  LOST WAGES & BENEFITS  MODIFY DISCIPLINE  REPEAT HIRING PROCESS REMOVE DISCIPLINE  REMOVE EMPLOYEE PERFORMANCE REVIEW OTHER (Explain) \_\_\_\_\_

**PART II – REGULAR STATUS EMPLOYEES ONLY**

(For removal, furlough, suspension or demotion.)

Section 3003(7)(i)

Hearings – Under Section 3003(7)(i) of Act 71 of 2018 (Civil Service Reform), any regular status employee may, within 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 non-employees 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) \_\_\_\_\_

**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 Civil Service Rules were violated? If so, what section(s)?** *(You can review relevant excerpts of the Civil Service Rules and Act 71 of 2018 (Civil Service Reform) on the Commission's website, [www.spsc.pa.gov](http://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**