



**CITY OF CHICAGO  
HUMAN RESOURCES BOARD  
APPEAL FORM**

*If you are a Career Service employee and desire to appeal a Discharge or Suspension (more than ten (10) days but less than thirty-one (31) days or second in six months, you must complete this form. THE APPEAL MUST BE FILED WITH (AND RECEIVED BY) THE HUMAN RESOURCES BOARD at 121 N. LaSalle Street, 11<sup>th</sup> Floor, Chicago, IL 60602 WITHIN (5) BUSINESS DAYS OF NOTICE OF DISCIPLINE. (It is the employee's responsibility to notify the HRB if contact information changes between time of filing this appeal and receipt of decision.)*

NAME: \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (LAST FOUR SS#)

HOME ADDRESS: \_\_\_\_\_  
(STREET) (ZIP CODE)

WORK ADDRESS: \_\_\_\_\_  
(STREET) (ZIP CODE)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

MOBILE PHONE NUMBER: \_\_\_\_\_ ALT PHONE NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

REPRESENTED BY ATTORNEY OR UNION: YES \_\_\_\_\_ NO \_\_\_\_\_

ATTORNEY NAME/UNION NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ATTORNEY/UNION EMAIL: \_\_\_\_\_

I AM APPEALING THE FOLLOWING ACTION: (Check appropriate line)

DISCHARGE \_\_\_\_\_ SUSPENSION \_\_\_\_\_

DATE OF RECEIPT OF NOTICE OF APPEALED ACTION: \_\_\_\_\_  
**(Attach a copy of any written notice which you received relating to this Appeal)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney/Union Signature (if any) \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

RECEIVED BY HUMAN RESOURCES BOARD \_\_\_\_\_ DATE \_\_\_\_\_