

BEFORE THE CIVIL SERVICE BOARD  
FOR THE CITY OF PORTLAND, OREGON

Post Hearing Remedies for Classification Action Appeals. "If in an appeal from a classification decision by the Director, the Board concludes that the allegations in the appeal are correct, the Board shall set aside the classification decision and remand the decision back to the Director of Human Resources for further review. The Board's order of remand shall specify and explain the reasons for the Board's action" HRAR 3.15, Page 9

In the Matter of the Appeal of,

\_\_\_\_\_ ,

Appellant,

v.

CITY OF PORTLAND,  
Bureau of \_\_\_\_\_ ,

Respondent

Case No. \_\_\_\_\_

(To be Assigned by CSB Administrator)

Notice of Appeal

**TO: CIVIL SERVICE BOARD ADMINISTRATOR**

1. NOTICE IS HEREBY GIVEN of an appeal of the following action:

Check the appropriate box:

Appeal from disciplinary action

Describe the disciplinary action taken and attach a copy of the disciplinary action.

---

---

---

---

---

Appeal from classification action

Describe the classification action taken and attach a copy of the classification action.

---

---

---

---

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Appeal from examination action

Describe the examination action taken and attach a copy of the examination action.

---

---

---

---

---

2. Statement of Reason for Appeal:

---

---

---

---

---

---

---

---

3. Statement of Remedy Requested:

---

---

---

---

---

---

---

---

4. Additional Information for the Board's consideration:

---

---

---

---

---

---

---

---

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

5. Address of Record

All notices, orders, correspondence and other communications should be sent to the Appellant at the following address of record:

Mailing address: \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Street address:  
(if different) \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Primary phone number  
(including area code): \_\_\_\_\_

Facsimile number  
(Including area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred method for delivery of service:

Mail

E-mail

Fax

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_