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**For Office Use Only:**

CSB#:_____

By: _____

# City of Miami Civil Service Board
# Request for Hearing

**Name:** _____ **Date:** _____

**Department:**_____ **Title:** _____

**Mailing Address:**_____ **City/State:**_____**Zip:** _____

**Contact Number(s): H. (__)**_____ **W. (__)**_____ **Other (__)**_____

**Type of Hearing Requested (Check one):**

☐ Appeal – pursuant to Rule 14.3. **NOTE:** You may appeal an action either through the Civil Service Board OR the Office of Labor Relations, not both. Indicate whether you: ☐ agree or ☐ disagree with the facts as written in the disciplinary document. Indicate whether you ☐ agree or ☐ disagree with the penalty imposed. Also, please attach a complete copy of the disciplinary packet.

☐ Investigation – pursuant to Rule 16.1. In the "Comments" section, please include as much information as possible regarding the issue or event that the Board should investigate; and which specific Civil Service Rule(s) may have been violated and how this violation occurred. Also, please attach any documents that the Board should consider relative to granting the investigation hearing.

☐ Grievance – pursuant to Rule 16.2. In the "Comments" section, indicate which specific Civil Service Rule(s) appear to have been violated and how this violation occurred; as well as what a plausible remedy would be. Also, please attach any documents that the Board should consider relative to granting the grievance hearing.

**Reason for Appeal/Investigation/Grievance:**

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**Signature**_____