



**Civil Service
Commission**

Albany, NY 12239

CIVIL SERVICE COMMISSION APPEAL FORM

CSC-3 (4/25 L)

Name:

Street Address:

(Line 1)

(Line 2)

Primary Phone Number: () Ext.

Alternate Phone Number: () Ext.

E-mail Address:

1. Did you receive written notice of a final determination? ☐ Yes ☐ No

- If your letter of disqualification does not state "this is a final determination," please contact the division you received the letter from to obtain a final determination letter prior to submitting your appeal.
- If you checked "No", an appeal cannot be filed at this time. A final determination letter must first be issued in order to appeal.
- If you checked "Yes," please attach a copy of the final determination letter when submitting your appeal.

2. What Department of Civil Service final determination are you appealing?

- | | |
|---|--|
| <input type="checkbox"/> Employee Health Service Division | <input type="checkbox"/> Testing Services Division |
| <input type="checkbox"/> Classification and Compensation Division | <input type="checkbox"/> Other |
| <input type="checkbox"/> Staffing Services Division | |

3. What is the date of your final determination letter?

(Appeals must be filed within 30 days from receipt of the final determination letter; 60 days if a C&C determination)

4. Please explain why you think the determination of the Department of Civil Service was incorrect and indicate the relief you are seeking. *(attach additional page(s) if necessary)*

Signature of Appellant/Attorney/Union

Date

5. Submit signed and completed form, a copy of your final determination letter, and all supporting documentation in support of your appeal to the NYS Civil Service Commission:

**PLEASE NUMBER THE PAGES IN THE ORDER THEY ARE TO
BE REVIEWED BY THE COMMISSION**

- **Mail:**
NYS Department of Civil Service
ATTN: Office of Commission Operations
Albany, New York 12239
- **Hand or Courier Delivery:**
NYS Department of Civil Service
Reception Area
Empire State Plaza
Swan Street Building (Core 1) – First Floor
Albany, New York 12239
- **Email:** commops@cs.ny.gov

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested pursuant to Section 6(5) of the New York State Civil Service Law for the principal purpose of processing your request to appeal to the New York State Civil Service Commission. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (d), (e), and (f). Failure to provide this information may result in a delay or denial of your appeal request. This information will be maintained by the Office of Commission Operations, Department of Civil Service, Albany, New York 12239, (518) 473-5022. For further information relating only to the Personal Privacy Protection Law, call (518) 457-9375.