

**CITY OF GULFPORT**  
**CIVIL SERVICE COMMISSION**  
**Notice of Appeal to the Civil Service Commission**

Any employee of the City of Gulfport who is covered by Civil Service under the provisions of the Mississippi Code 1972, as amended and supplemented, and specifically Sections 21-31-1 through 21-31-27, has the right to appeal a disciplinary action resulting in removal, suspension, demotion or discharge from employment. The appeal must be in writing and filed with the Civil Service Commission within ten (10) days from the time of such disciplinary action. Upon receipt of the appeal, the commission will conduct an investigation. The investigation will be confined to the determination of the question of whether such disciplinary action was or was not made for political or religious reasons and was or was not made in good faith for cause.

The employee may be represented in the appeal by legal counsel or other representative, if desired, but such representation is not a requirement for the appeal.

To process an appeal of disciplinary action leading to an employee's removal, suspension, demotion or discharge from employment, please complete the attached NOTICE OF APPEAL and file with the Civil Service Commission within ten (10) days of receiving notice of the disciplinary action.

Any questions regarding this process should be directed to the Civil Service Commission at (228) 868.5869.

CIVIL SERVICE COMMISSION  
CITY OF GULFPORT

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**CIVIL SERVICE COMMISSION**  
**Notice of Appeal to the Civil Service Commission**

CSC Appeal #: _____
Date Filed: _____
Date received by CSC: _____

This form serves as notice to appeal to the Civil Service Commission of disciplinary action resulting in removal, suspension, demotion, or discharge from employment. Submit this form to:

**CIVIL SERVICE COMMISSION**  
**1410 24<sup>th</sup> Avenue**  
**Gulfport, MS 39501**

The appeal must be received by the commission within ten (10) days of the appellant receiving notice of a covered disciplinary action. The appeal must be signed and dated by the aggrieved individual.

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Appellant's Name (Last, First, MI)

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Mailing Address (Street or P.O. Box, City, State, ZIP)

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Home Phone

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Alternate Phone

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Appellant's Signature

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Date

NOTE: If represented by legal counsel, please have the attorney submit a NOTICE OF APPEARANCE to the Civil Service Commission at the above Commission address.