

State of Illinois Civil Service Commission
607 E. Adams Street, Suite 801
Springfield, IL 62701
Phone: 217-782-7373
Fax: 217-524-3706
<https://icsc.illinois.gov/>

Written Request for Hearing *

Date: _____

I hereby request a hearing in my own defense to the charges filed against me by the Illinois Department of _____, officially approved by the Director of Central Management Services of the State of Illinois, on the _____ day of _____, 20____, such hearing to be held within 30 days following the filing of this request in your office pursuant to 20 ILCS 415/11. These approved charges resulted in my: (check one)

- ☐ Discharge
- ☐ Suspension for a period of more than 30 days in any 12-month period
- ☐ Demotion

Employee Signature

Employee Name **(please print first, middle and last)**

Email address **(please print)**

Secondary Email Address (not required but up to two secondary emails may be provided)

Mailing Address

City

State

Zip Code

Telephone Number

Alternate Telephone Number (not required)

- ☐ **Please check box if you consent to service by email for all notices, decisions, and orders concerning this appeal pursuant to Section 1.150 of the Rules of the Civil Service Commission. This includes a waiver of Sec. 10-75 of the Illinois Administrative Procedures Act pursuant to Sec. 10-70 of that Act. (5 ILCS 100)**

* This form must be filed with the Civil Service Commission within **15 calendar days** after the service of the written charges. This form may be mailed to the Commission at the above address or faxed to 217-524-3706. Appeals may also be filed online through the Commission's website at <https://icsc.illinois.gov/>.