

State of Illinois Civil Service Commission  
607 E. Adams Street, Suite 801  
Springfield, IL 62701  
Phone: 217-782-7373  
Fax: 217-524-3706

## 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, orders and other filings under the Administrative Procedures Act, including waiver of Sec. 10.75, Rules of the Civil Service Commission, or otherwise arising from this hearing request.**

\_\_\_\_\_  
\* 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 mail to the Commission at the above address or faxed to 217-524-3706.