

St. John the Baptist Parish Civil Service Office

****** PETITION OF APPEAL TO CIVIL SERVICE BOARD ******

Civil Service Rules and Regulations regarding appeal procedures are available on the Parish's website, the common drive, and the Civil Service Office.

		[Docket No.]			
Name:					
	First	MI	Last		
Address:					
		Mailing			
		Physical			
		City	State	Zip Code	
Phone Numbe	er: <u>()</u>				
On: /	/ Day Year	ptist Parish employee, a	I □Suspended □De	moted □Other*	
		mployed by the Departme			
The name and	d title of the of	ficial who authorized the	action against me is:		
Name			Title		

I learned about the action taken against me on: _____ / ____ / ____ / ____ / ____

I hereby request the Board to hear my appeal and: (State what action you want the Board to take on your behalf.)

APPEALS BASED ON ALLEGED DISCRIMINATION

FAILURE TO PROVIDE ALL REQUESTED INFORMATION MAY JEOPARDIZE YOUR APPEAL. ** IMPORTANT INFORMATION REGARDING CIVIL SERVICE RULES, SECTION 14.5, PLEASE SEE BELOW. **

CERTAIN DISCIPLINARY ACTIONS ARE APPEALABLE ONLY IF YOU ALLEGE THAT THE ACTION TAKEN AGAINST YOU RESULTED FROM DISCRIMINATION DUE TO RACE, AGE, GENDER, DISABILITY OR OTHER LEGALLY PROTECTED CHARACTERISTIC UNRELATED TO MERIT EMPLOYMENT CONSIDERATIONS.

CIVIL SERVICE RULES SECTION 14:58 PROVIDES THAT WHERE DISCRIMINATION IS ALLEGED TO BE A BASIS FOR APPEAL, SPECIFIC FACTS SUPPORTING THE CONCLUSION OF DISCRIMINATION MUST BE ALLEGED IN DETAIL.

CIVIL SERVICE RULES CHAPTER 14, SECTION 5:

Where discrimination is alleged to be a basis for appeal, specific facts supporting the conclusion of discrimination must be alleged in detail. The specific facts required will vary depending on the nature of the appeal; however, the facts must be alleged in sufficient detail to enable the Parish to prepare a defense. A conclusion of discrimination by the appellant is not sufficient. The types of facts which must be included are:

- (a) the date, time and place the discriminatory action took place;
- (b) the name of the person or agency alleged to have taken the discriminatory action;
- (c) a description of how appellant's action, conduct or performance was the same as that of other persons who were treated differently;
- (d) the names of other persons treated differently and the dates the different treatment occurred;
- (e) a description of events, including the dates and circumstances thereof, which led appellant to believe that the adverse decision was based on his race, color, national origin, religion, gender, age, disability or any other non-merit factor.

Persons alleging discrimination as a basis for appeal shall bear the burden of proof of their allegations.

□ CHECK THIS BOX IF YOU ALLEGE DISCRIMINATION. GIVE FULL DETAILS IN THE SPACE PROVIDED BELOW. WHERE DISCRIMINATION IS ALLEGED, YOU MUST BEAR THE BURDEN OF PROOF.

Use this space to provide specific facts which support your conclusion of discrimination required under Civil Service Rule 14.5 (If necessary, attach additional sheet(s). # of sheets attached _____.)

I am aware that I have the right, but am not required, to employ an attorney to represent me, and that I may be opposed by an attorney. The name of my attorney is: If none, check here \Box . Name of Attorney Mailing Address City State Zip _)_ (_____ Phone Number

Signature of Appellant or Attorney

Date