



MUNICIPAL CIVIL SERVICE COMMISSION
CITY OF AUSTIN
 505 Barton Springs Road, Suite 600 | Austin, TX 78704
 PO Box 1088 | Austin, TX 78767
 Mark Washington, Municipal Civil Service Director
 (512) 974-3400
municipalcivilservice.hrd@austintexas.gov

MCSC Case No. _____

Date Notice Received: _____

NOTICE OF WITHDRAWAL OF APPEAL
 (Non-Sworn Employees; Form Use Optional)

EMPLOYEE NAME:	DEPARTMENT NAME:
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The employee must submit this form, an email, or written notification to the Office of the Municipal Civil Service Director, located at the address above, to withdraw the employee's request for an appeal hearing before the Municipal Civil Service Commission.

DATE OF HEARING:	
TIME OF HEARING:	
LOCATION OF HEARING:	
TYPE OF APPEAL:	

CERTIFICATION

I CERTIFY THAT I WISH TO WITHDRAW MY REQUEST FOR AN APPEAL HEARING BEFORE THE MUNICIPAL CIVIL SERVICE COMMISSION. I AM RELINQUISHING ANY RIGHT I HAVE TO AN APPEAL IN FRONT OF THE COMMISSION.

Signature of Employee or Employee's Representative	Printed Name	Date
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Contact the Municipal Civil Service Office if you have any questions.