

MASSACHUSETTS CIVIL SERVICE COMMISSION – BYPASS APPEAL FORM

Name of Person Filing Appeal
(Appellant):

Name of Government Agency Against
Whom Relief is Sought (Respondent):

Appellant Street or P.O. Box:

Respondent Street or P.O. Box:

Appellant City, State, Zip Code:

Respondent City, State, Zip Code:

Appellant Contact Phone Number:

Respondent Contact Phone Number:

Appellant Email Address:

Person who signed Bypass Letter:

Title of Civil Service Position ☐ which you were not selected:

Was this an original or promotional appointment you were seeking?

Date you received written notification of bypass:

Have you ever filed an appeal with the Civil Service Commission before?

REQUIRED NEXT STEPS BY APPELLANT

1. Attach a check or money order in the amount of \$25.00 (for original appointments) or \$75.00 (for promotional appointments) made payable to: Civil Service Commission.
2. Attach a copy of the written notification of bypass that you received from Respondent.
3. Mail or hand-deliver this appeal form to the Civil Service Commission at 100 Cambridge Street, Suite 200, Boston, MA 02114 within sixty (60) calendar days of receiving the notification of bypass. (For those appeals received via mail, the postmark date will be used to determine if the appeal is timely.)
4. Mail or hand-deliver a copy of this bypass appeal form to the Respondent.

WHAT HAPPENS AFTER THE COMMISSION RECEIVES YOUR APPEAL FORM?

1. Within ten (10) days, you and the Respondent will receive an Acknowledgment Form from the Commission along with a "Notice of Pre-Hearing Conference". The pre-hearing conference is usually held within thirty (30) days from the time the Commission received your appeal.
2. You and the Respondent are required to attend the Pre-Hearing Conference. A member of the Commission will provide further details about how your appeal will proceed.

SIGNATURE OF APPELLANT:

TODAY'S DATE: