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

MCSC Case No.
__ __

Date Notice Received:

REQUEST TO RESCHEDULE A HEARING

(Non-Sworn Employees; Form Use Optional)

EMPLOYEE NAME:		**DEPARTMENT NAME:**	

The employee or department representative must submit this form, an email, or written notification to the Office of the Municipal Civil Service Director, located at the address above, to reschedule an appeal hearing before the Municipal Civil Service Commission.

CURRENT DATE OF HEARING:	
CURRENT TIME OF HEARING:	
CURRENT LOCATION OF HEARING:	
PARTY REQUESTING RESCHEDULING:	
TYPE OF APPEAL:	

OPTIONS I, II, and III *(Choose One)*

<u>OPTION I:</u> WITHIN FIVE (5) BUSINESS DAYS OF RECEIVING THE FIRST NOTICE OF HEARING, EITHER PARTY MAY ELECT TO RESCHEDULE THE HEARING BY PROVIDING WRITTEN NOTICE TO THE MUNICIPAL CIVIL SERVICE OFFICE.

_____ (Initial Here) I elect to reschedule the Hearing and am within five (5) Business Days of receiving the first **Notice of Hearing**. ** Sign on the appropriate line below.*

<u>OPTION II:</u> OUTSIDE OF THE FIVE (5) BUSINESS DAYS OF RECEIVING THE FIRST NOTICE OF HEARING, A HEARING MAY BE RESCHEDULED BY MUTUAL AGREEMENT OF THE PARTIES BY PROVIDING THE MUNICIPAL CIVIL SERVICE OFFICE WITH A WRITTEN AGREEMENT TO RESCHEDULE <u>SIGNED BY BOTH PARTIES (BELOW)</u> OR PROVIDE ALTERNATIVE WRITTEN CONFIRMATION.

_____ (Initial Here) Both parties mutually agree to reschedule the Hearing. **Both parties sign below.*

<u>OPTION III:</u> FOR ANY OTHER REQUEST, THE COMMISSION CHAIR SHALL DETERMINE IF A HEARING SHALL BE RESCHEDULED. INCLUDE ANY PERTINENT DOCUMENTS WITH THIS REQUEST.

_____ (Initial Here) State the basis of this Request to Reschedule. ** Sign on the appropriate line below.*

_____

_____

SIGNATURE(S)

_____

Signature of Employee or Employee Representative **Printed Name** **Date**

_____

Signature of Department Head or Designee **Printed Name** **Date**