

**LOS ANGELES UNIFIED SCHOOL DISTRICT PERSONNEL COMMISSION
EXAMINATION APPEAL**

PLEASE TYPE OF PRINT

***** Name of Appellant	***** Person ID/Employee No.	***** - ***** - ***** Social Security # (Non-LAUSD Employee ONLY)	
***** Home Mailing Address	***** City	***** State	***** Zip Code
***** Daytime Phone	***** Cell Phone	***** Work Phone	
***** Email Address			
Title of Examination			
***** Test Part	***** Testing Office		

ON WHICH OF THE FOLLOWING ALLEGATIONS IS YOUR APPEAL BASED?

- * Procedural Error * Fraud * Unlawful Discrimination * Abuse of Discretion

Please provide a concise explanation that specifically supports each of the above allegation(s) that you have indicated. Allegations not supported by facts will not be considered. (Statements that only express general disagreement with test results or with the judgment of raters are not appeals and are handled as complaints) You may continue on the back of this form, if necessary; however, additional sheets will not be accepted or considered. Please attach a copy of your notification test results with this form. Do not write beyond the margins.

Signature	***** Date
-----------	---------------

You must complete this form to submit an examination appeal. Failure to provide adequate information may result in the rejection of your appeal. Appeals postmarked, hand delivered, or emailed more than seven calendar days after candidates review their examination results will not be accepted. Candidates who do not review their examination results and appeals of disqualification for failure to meet entrance qualifications must be postmarked, hand delivered, or emailed no later than seven calendar days after the mailing of notification to the candidate. Mail it to the Examination Appeals Unit of the Personnel Commission, P.O. Box 513307, Los Angeles, CA 90051, or email to pcappealsunit@lausd.net or fax it to (213) 241-6804. If you have questions, please contact the Examination Appeals Unit at pcappealsunit@lausd.net.