APPEAL WITHDRAWAL FORM

Date: _____

Amy Trepagnier
Director of Personnel
Department of Civil Service
1340 Poydras Street, Suite 900
New Orleans, LA 70112

Dear Ms. Trepagnier:

I, _____,

wish to withdraw my appeal, docket #(s) _____, against the Department of

_____.

SIGNATURE_____

ADDRESS: _____

CITY & STATE: _____

ADDITIONAL COMMENTS:

_____

_____

_____

_____