

State of Michigan
Civil Service Commission
EMPLOYMENT RELATIONS BOARD
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**Attachment to CS-1743, Application for Leave to Appeal to the Employment Relations Board
(Use for multiple Appellants or Group Appeals)**

APPELLANT'S NAME (Please print)		APPELLANT'S NAME (Please print)	
EMPLOYEE IDENTIFICATION NUMBER		EMPLOYEE IDENTIFICATION NUMBER	
STREET ADDRESS/P.O. BOX		STREET ADDRESS/P.O. BOX	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE NUMBER		PHONE NUMBER	
E-MAIL ADDRESS		E-MAIL ADDRESS	
APPELLANT'S NAME (Please print)		APPELLANT'S NAME (Please print)	
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