CS-1793
REV 4/2015

State of Michigan
Civil Service Commission
EMPLOYMENT RELATIONS BOARD
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Group Appeal Contact Information
(Use with CS-1743 for Group Appeals)

APPEALING PARTY'S NAME (Please print)		**APPEALING PARTY'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**	
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