

WITHDRAWAL OF ACTION/APPEAL FORM

[†] Appellant Name:		[†] SPB Case No:	[†] Date:
[†] Respondent:	Appellant's Authorized Representative:		

[†] Denotes required field

Please select the appropriate action below:

- I am the above-named **Appellant**, and hereby withdraw my appeal in the above-referenced matter.
- I am the above-named **Authorized Representative** of the Appellant, and hereby withdraw the appeal in the above-referenced matter on the Appellant's behalf.
- I am an authorized representative of the above-named **Respondent**. Respondent hereby rescinds the notice of adverse or non-punitive action.

Please submit this completed form via email to appeals@spb.ca.gov. This form may also be submitted via regular mail to State Personnel Board, Appeals Division, 801 Capitol Mall, Sacramento, CA 95814 or by fax to (916) 654-6055.

By signing and dating below, I certify that the information on this form is correct.

Signature:

Date:

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)