



801 Capitol Mall Sacramento, CA 95814 | www.spb.ca.gov

Governor Gavin C. Newsom

## **SECURITY REQUEST FORM**

† Name of Person Submitting Request:  † Street Address: (line one)  † Street Address: (line two)  † City:		† Phone N	lumber:
<sup>†</sup> Street Address: (line two) <sup>†</sup> City:		<sup>†</sup> State:	† Zin Codo:
<sup>†</sup> City:		<sup>†</sup> State:	† Zin Codo:
		<sup>†</sup> State:	† Zin Cods:
<sup>†</sup> Location of Hearing or Conference:		1	ZIP Code.
	<sup>†</sup> Date of hearing or conference		or conference:
You must provide all pertinent facts demonstrating the need for security. Additionents supporting the request for security. Appropriate documents would include restraining orders, police reports, etc.  † State the pertinent facts demonstrating the need for security: (attach additional policy)	e: investigati	ve reports	
Additional Pages Attached			<sup>†</sup> Denotes required field
Requests for security will be evaluated by SPB staff. Security will be provided his or her designee. Requests for security should be made as soon a need sufficient time to procure security personnel, the Chief or assigned ALJ, may or	is known. I	f a reque	est is made without
Please submit this completed form via email to <a href="mailto:appeals@spb.ca.gov">appeals@spb.ca.gov</a> . This form to the State Personnel Board, Appeals Division, 801 Capitol Mall, Sacramento, 0	-		-
☐ Documents supporting the security request attached			
By signing below I certify that the information on this form is correct.			
Signature:  Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)	Date:		