

**IN THE STATE OF ARIZONA
BEFORE THE ARIZONA STATE PERSONNEL BOARD**

_____ ,)
)
 Appellant,)
 v.)
)
 _____ ,)
 _____ ,)
)
 Respondent.)
 _____)

Case Number: _____

REQUEST TO AMEND APPEAL

I, _____, the appellant in this matter, hereby submit this motion to amend the appeal to include the following claims, correct facts, add additional parties, and/or clarify claims, for the following reasons:

SIGNED this _____ day of _____, 20____

BY: _____
Signature

You may contact the State Personnel Board at (602) 542-3888, if you have any questions.