

# FAMILY LEAVE

## RESPONSE TO APPEAL

To:

Date:

From:       Executive Director  
              McIntosh Trail Community Service Board  
              1501-A Kalamazoo Drive (P. O. Box 1320)  
              Griffin, Georgia 30224

I have reviewed your appeal of the denial of your application for Family Leave. My decision and the reason(s) for the decision is indicated below:

You have the right to appeal this decision to the Commissioner of Personnel Administration. Your appeal must be filed with me within three (3) work days of your receipt of this decision. Upon receipt of your request, I will immediately forward your appeal to the Merit System. If you fail to file an appeal within three (3) work days, you will forfeit any further right of appeal.

Signature \_\_\_\_\_

Title \_\_\_\_\_

# FAMILY LEAVE

## Appeal to the Commissioner of Personnel Administration

Date:

To:  
Address:

From:  
Address:

Social Security Number:

My application for Family Leave has been denied by my supervisor and my appeal of that decision has been denied by the reviewing official of my agency. As authorized by State Personnel Board Rule 23, Par.23.703.B, I request that my appeal be forwarded to the Commissioner of Personnel Administration at the State Merit System. I understand that the decision of the Commissioner of Personnel Administration is final and binding upon me and my agency.

Signature\_\_\_\_\_