

**APPEAL WITHDRAWAL FORM**

Date: \_\_\_\_\_

Amy Trepagnier  
Director of Personnel  
Department of Civil Service  
1340 Poydras Street, Suite 900  
New Orleans, LA 70112

Dear Ms. Trepagnier:

I, \_\_\_\_\_ wish to withdraw my appeal.

Docket # \_\_\_\_\_, against the Department of \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

ADDITIONAL COMMENTS:

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