

## MUNICIPAL CIVIL SERVICE COMMISSION CITY OF AUSTIN

505 Barton Springs Road, Suite 600 | Austin, TX 78704 PO Box 1088 | Austin, TX 78767 Joya Hayes, Municipal Civil Service Director (512) 974-3400

municipalcivilservice.hrd@austintexas.gov

MCSC Case No.	

Date Request Received:

			OR SUBPOENA orn Employees)	
EMPLOYEE NAME:			DEPARTMENT NAME:	
This request must be rec business days prior to the			ice Office located at the addres	ss above by 5:00 p.m. fifteen (15)
REQUESTOR:				
DATE OF HEARING:				
TIME OF HEARING:				
LOCATION OF HEARING:				
TYPE OF APPEAL:				
		WITNESSES	FOR SUBPOENA	
NAME	DEPT	PHONE NO.	MAILING ADDRESS	EMAIL ADDRESS
* Use additional lines on the b	back if necessary.		1	I.
		DOCUMENTS	S FOR SUBPOENA	
requested documents in	through the subp the section on the	ooena process, indeed back of this form	licate where the other party sho	ould provide the documents. List
Name of Person receiving documents:				
Address (email or physical):				
		SIG	NATURE	

WITNESSES FOR	SUBPOENA.	CONTINUED

NAME	DEPT	PHONE NO.	MAILING ADDRESS	EMAIL ADDRESS	
		DOCUMENTS	FOR SUBPOENA		
DOCUMENT REQUESTED					
2 0 0 0 1/222   1 2122   2	220122				

Contact the Municipal Civil Service Office if you have any questions.

MCSC-RFS-07072014-1 MCS Rules 7.04.B