

COUNTY OF SAN BERNARDINO CIVIL SERVICE COMMISSION 175 W. Fifth Street, 2 nd Floor, San Bernardino, CA 92415-0410 (909) 387-5862 • (909) 287-5863 Fax Email: CivilSvcCommission@sbcounty.gov		FOR COMMISSION USE ONLY
CASE NAME:		CASE FILE #

CHANGE OR SUBSTITUTION OF REPRESENTATION TRACKING FORM

THE COMMISSION AND PARTIES

ARE NOTIFIED THAT (name): _____ makes the following:

☐ <u>CHANGE IN REPRESENTATION</u>	or	☐ <u>SUBSTITUTION OF REPRESENTATION</u>
1. ☐ Additional Representation ☐ Withdrawal of Representation		1. Former Representative ☐ Attorney ☐ Human Resources Officer ☐ Union Representative ☐ Party is Representing Self Name: _____
2. ☐ Attorney ☐ Human Resources Officer ☐ Union Representative ☐ Party is Representing Self		2. New Representative ☐ Attorney ☐ Human Resources Officer ☐ Union Representative ☐ Party is Representing Self Name: _____ State Bar # (if applicable): _____ Address (number, street, city, zip and law firm name, if applicable): _____ _____ _____ Phone: _____ Email: _____
3. The party submitting this form is for the ☐ Appellant ☐ Respondent		
_____ (TYPE OR PRINT NAME)	_____ (DATE)	_____ (SIGNATURE)