



801 Capitol Mall Sacramento, CA 95814 | www.spb.ca.gov

Governor Edmund G. Brown Jr.

REQUEST AND MOTION FORM FOR SELF-REPRESENTED APPELLANTS

Appellant Name:		SPB Case No:	Date:
Phone No:	Fax No:	Email Address:	

This form is intended for use by in pro per (self-represented) appellants **only**. Please fill all applicable fields in the fields below. This form may only be utilized for the following requests: *(please select one)*

- Request to continue a hearing or settlement conference
 Request to late file a Prehearing Settlement Conference Statement
 Request to amend a Prehearing Settlement Conference Statement

You **must** contact respondent's representative to ascertain their position regarding your motion.

Opposing Representation Name:		Position of Opposing Representation: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Phone No:	Fax No:	Email Address:

[†] Hearing Date/Time:	[†] Hearing Location:	[†] Hearing Title:	[†] No. of Previous Continuances:
Date First Learned Basis of Motion:		Mutual dates of availability for future PHSC*:	

[†] Denotes required fields required for Motions to Continue * Please check the SPB Settlement Conference Calendar at www.spb.ca.gov for future PHSC dates

Please provide a brief statement of good cause supporting your request: *(attach additional pages if necessary)* **

- Additional Pages Attached ** A definition of good cause may be found in Cal. Code Regs., tit. 2, § 51.2 (v)

A copy of this form **must** be served upon respondent's representative. Please submit your completed form via email to appeals@spb.ca.gov. This form may also be submitted via regular mail to State Personnel Board, Appeals Division, 801 Capitol Mall, Sacramento, CA 95814 or by fax to (916) 654-6055.

- I certify that a copy of this form has been served upon the respondent *(please attach copy of proof of service)*
 I waive my rights under California Government Code § 18671.1 *(required for requests for continuance)*

I declare under penalty of perjury that the contents of this form are true and correct to the best of my knowledge, and that this declaration was executed on the date and at the location stated below.

Signature: _____ **Date:** _____ **Location:** _____

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)

This form is provided for use by pro per appellants pursuant to Cal. Code Regs. tit. 2 § 60.1 (d). This form will only be accepted for the motion types listed above and may not be used by respondent or appellant representatives. This form must be completed in its entirety to comply with Cal. Code Regs. tit. 2 §§ 60.1, 60.2. Use of this form is at the discretion of SPB staff.

PROOF OF SERVICE

<i>Party Without an Attorney:</i>		<i>SPB Case No:</i>
<i>Address: (number, street)</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Address of Person Providing Service: (number, street)</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Email Address: *</i>	<i>Fax Number: **</i>	

* Required if served electronically. ** Required if served by facsimile.

On (date):	I served the following document: <i>(select corresponding document below)</i>
-------------------	---

- Form SPB-103** - Request to continue a hearing or settlement conference
- Form SPB-103** - Request to late file a Prehearing Settlement Conference Statement
- Form SPB-103** - Request to amend a Prehearing Settlement Conference Statement

State Personnel Board Appeals Division 801 Capitol Mall Sacramento, CA 95814 appeals@spb.ca.gov (916) 654-6055	<i>Representative Name:</i>		
	<i>Department/Agency:</i>		
	<i>Street Address: (Number, Street)</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
	<i>Email Address: *</i>	<i>Fax No: **</i>	

* Required if served electronically. ** Required if served by facsimile.

At the time of service I was over 18 years of age and **not a party to this case.***** I served the above document:

- BY PERSONAL SERVICE:** I personally delivered the document to the persons at the addresses listed above. Delivery was made to the representative or at the representative's office by leaving the document in an envelope clearly labeled to identify the representative being served, with an individual in charge of the office, between the hours of 9 in the morning and 5 in the evening.
- BY U.S. MAIL:** I enclosed the above document in a sealed envelope or package addressed to the addresses above and deposited it with the United States Postal Service with the postage fully prepaid. I am a resident in the county where the mailing occurred.
- BY OVERNIGHT DELIVERY:** I enclosed the above document in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses above. I placed the envelope or package for collection at an office or regularly utilized drop box of the overnight delivery carrier.
- BY FACSIMILE:** Based on an agreement of the parties to accept service by fax transmission, I faxed the document to the persons at the fax numbers listed above. No error was reported by the fax machine that I used. A copy of the record of the fax transmission is attached.
- BY ELECTRONIC SERVICE: ***** Based on an a agreement by the parties to accept electronic service, I caused the document to be sent to the persons at the electronic service address listed above.

*** Electronic service may be provided by a party to the case pursuant to Cal. Code of Civil Procedure, § 1010.6 (a)(1)(A).

I declare under penalty of perjury that the foregoing is true and correct, and that I completed service on the date below

Name: (Print)	Signature:	Date:
----------------------	-------------------	--------------

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)