



# Office of the State Service Commissioner

*State Service Act 2000*

## REQUEST FOR DISCONTINUATION OF ANY REVIEW OF STATE SERVICE ACTION

I wish to withdraw from the following review process.

*OR*

I wish to advise that the following review has been resolved.

Accordingly, I request the matter be discontinued and the file closed.

### DETAILS OF THE REVIEW (Please print clearly)

Name of Employee:

.....  
(SURNAME) (GIVEN NAMES)

Application No: .....

Type of Review:  *“Application for Selection Review”*

*OR*

*“Application for Review of any Other State Service Action”*

Agency: ..... Location: .....

Signed: .....

Date: ..... / ..... / .....