APPENDIX H

THE CALIFORNIA STATE UNIVERSITY PROOF OF SERVICE FORM - RECONSIDERATION PROCEDURE UNIT 4

DIRECTIONS:

A copy of this form shall be appropriately filled out and attached to every <u>filing</u> or <u>response</u> to a request for <u>reconsideration</u>. Use Part 1 and Part 3 for delivery by mail. Use Part 2 and Part 3 for personal delivery.

PART 1:	Delivery by U.S. Mail: Proof of Service by Mail		
	I declare that I am over the age of eighteen years and not a party to the reconsideration request. My address is:		
PART 2:	Personal Delivery		
	I declare that on (date). I personally delivered the attached reconsideration request filing or response to:		
	Name of recipient: at		
	Location:	·	
PART 3:	I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on:		
		at	California
	(Date)	(City)	
	(Type or print name)	(Signature)	
(Revised 20	001)		