|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Washington State Personnel Resources Board **APPEAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appeals Program  128 10TH Ave SW  PO Box 40911 Olympia WA 98504-0911 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: 360-407-4101  FAX: 360-586-4694 | | | | |
| This form will help you provide necessary information to the Board when you file an appeal. You are not required to use this form; however, appeals must be filed in accordance with Chapter 357-52 WAC. If the space on the form is insufficient or if you wish to provide additional information, you may attach additional pages.  **Please Note:** **After you complete sections I & II - complete either section III, IV, V or VI only. TYPE or PRINT your answers - SIGN on Last Page** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Appellant Identification (Required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: |  | | | | | | First Name: | | | | |  | | | | | | | Middle Name: | | | | |  | | | | Personnel Number: | | | | |  | |
| Home Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | State: | | |  | | | | | | ZIP Code: | | | |  | | |
| Home Phone (Include area code): | | | | | | | | | |  | | | | | | | | | Work Phone (Include area code): | | | | | | | | | | | |  | | | |
| Employing agency that took the action being appealed: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Division/Office/Institution: | | | | | | | |  | | | | | | | | | | | Position or Classification: | | | | | | | | | |  | | | | | |
| Provide a brief statement of the relief or remedy sought: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Do you believe this matter is appropriate for mediation? | | | | | | | | | | | | | | | | | Yes |  | | No | | |  | | | | | | | | | | | |
| II. Representative Information (Optional) An appellant may authorize a representative to act on his/her behalf. The Board must be notified of any change in representation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone (Include Area Code): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. Disciplinary Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any permanent employee subject to the statutory jurisdiction of the Board who is dismissed, suspended, demoted or whose base salary is reduced may appeal to the Board. (WAC 357-52-010).  **Please Note: Attach a copy of the disciplinary letter you received.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check one of the following to indicate the type of appeal you are filing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dismissal |  | | | | | | | | Suspension | | | | |  | | | | Demotion | |  | | | | | | | | Reduction in Salary | | | | | |  |
| Effective Date: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. Non-disciplinary Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any permanent employee subject to the statutory jurisdiction of the Board who is separated from state service, laid off, or whose position has been exempted from Chapter 41.06 RCW may appeal to the Board. (WAC 357-52-010). Attach a copy of the notification letter you received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Disability separation (WAC 357-46-175) | | | | | | | | | | | | | | | | |  | | Effective Date: | | | | | | |  | | | | | | | | |
| b. Other separation (WAC 357-46-195, 210) | | | | | | | | | | | | | | | | |  | | Effective Date: | | | | | | |  | | | | | | | | |
| c. Layoff | | | | | | | | | | | | | | | | |  | | Effective Date: | | | | | | |  | | | | | | | | |
| d. Rule or law violation (Complete Part V of this form). | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| e. Exemption of position | | | | | | | | | | | | | | | | |  | | Effective Date: | | | | | | |  | | | | | | | | |
| V. Rule or Law Violation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your request must cite the specific section(s) of the state civil service law (Ch. 41.06 RCW) or rules (Title 357 WAC) which you claim was violated, the particular circumstances of the alleged violation, and how you were adversely affected by the alleged violation. Your request should also include the remedy you are requesting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What specific rule(s) or law(s) were violated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RCW 41.06 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAC 357 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Determination already made by employer? | | | | | | | | | | | | | Yes | |  | | | | | | No | | | | | |  | | | | | | | |
| If yes, the date | | | |  | | | | | | | | | | | and by whom? | | | | | |  | | | | | | | | | | | | | |
| Describe the particular circumstances of the alleged violation and how you were adversely impacted. State the remedy you are requesting: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. Exceptions to Director’s Determination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An employee in a position at the time of its allocation or reallocation or the employer may appeal to the Board by filing written exceptions to the Director’s review determination.  **Please Note: Attach a copy of the Director’s determination.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Allocation - position classification | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Director’s determination by the Office of the State Human Resources Director: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Name of Director’s designee: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To which classification do you think your position should be allocated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify the specific exception(s) you are taking to the Director’s determination and the specific portion(s) of the Director’s determination to which you disagree: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name (appellant or representative) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |