

# Washington State Personnel Resources Board – APPEAL

Appeals Program  
1500 Jefferson Street SE  
PO Box 40911  
Olympia WA 98504-0911

Phone: [360-407-4101](tel:360-407-4101)

FAX: [360-586-4694](tel: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.

**IMPORTANT: After you complete the Identification and Representation portions of the appeal form, please complete the appropriate appeal section for the type of action you are appealing.**

## 1. Appellant Identification (Required)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employing agency that took the action being appealed: \_\_\_\_\_

Division/Office/Institution: \_\_\_\_\_

Position or Classification: \_\_\_\_\_

Please provide a short statement of the grounds or reasons for the appeal, and if applicable, the rule(s) the appellant believes has been violated.

Provide a brief statement of the relief or remedy sought:

Do you believe this matter is appropriate for mediation?                      Yes                      No

## 2. 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:

## 3. 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).

IMPORTANT: 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:

## 4. 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.

Disability separation (WAC 357-46-175)

Other separation (WAC 357-46-195, 10)

Layoff

Exemption of position

Rule or law violation (Complete Part V of this form)

Effective Date:

## 5. 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:    By whom?

Describe the particular circumstances of the alleged violation and how you were adversely impacted:

State the remedy you are requesting:

## 6. 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.

**IMPORTANT: Please Note: Attach a copy of the Director's determination.**

Allocation – position classification

Date of Director's determination by Director's Designee:

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: