



For Official Use Only

APPEAL FORM

***** ALL APPEALS TO THE PERSONNEL BOARD MUST BE ON THIS FORM. *****

This appeal to the Kentucky Personnel Board is hereby filed pursuant to the provisions of KRS Chapter 18A. By law, you are required to provide the following information in order to file a Personnel Board appeal.

PERSONAL INFORMATION

Name: _____
(Last First Middle Maiden)

PERNR or Employee ID: _____

CONTACT INFORMATION

Personal Phone No.: _____ Workstation Phone No.: _____

Personal Email Address: _____

Home Address: _____
(Street City State Zip)

Workstation Address: _____
(Street City State Zip)

Check if being represented by an attorney, and complete the following:

Attorney Name: _____ Phone No.: _____ Email: _____

Mailing Address: _____
(Street City State Zip)

CABINET/AGENCY INFORMATION

Cabinet/Agency Name: _____

Appointing Authority Name: _____

APPEAL INFORMATION

Date of receipt of notice of alleged action (i.e., Agency letter of dismissal, suspension, demotion, etc.), if applicable. If you did not receive a notice, please use "n/a" to indicate that you did not receive written notice about the alleged action and then please indicate the date you first learned about the matter you wish to appeal:

Please attach a copy of any written notice that you have received relating to this Appeal.

I am a: Classified Employee Probationary Employee Unclassified Employee Applicant for Employment

I am appealing the following action(s) [Check all that apply.]

- Dismissal Demotion Involuntary Transfer Suspension
 Promotion/Non-selection Discrimination: (i.e., religious, race, color, national origin, sex, age over 40, disability, political, or other protected category. **Please circle the type(s) of discrimination claimed and/or explain other, below**)
 FFTL claim(s) Veteran's claim(s) Employee Evaluation Other/Claim not listed:

Please further explain your claim(s), if not adequately/fully identified above: _____

List the specific statute, regulation, and/or policy that was allegedly violated (**required, pursuant to KRS 18A.095(14)(d)**):

KRS 18A.095 101 KAR 1:345 101 KAR 1:400 101 KAR 2:095 101 KAR 2:102 101 KAR 3:050
Other: _____

The following is a short, plain, and concise statement of the facts, cause, and/or reason that relate to the action I am appealing (You may submit documents you believe to be important to your appeal now AND/OR as your appeal moves forward). **Remember you may only have thirty (30) calendar days to appeal the alleged action.**

SIGNATURES

Signature

Date

Attorney's Signature (if applicable)

Date

This form is to be mailed, emailed, or delivered to:

**Kentucky Personnel Board
1025 Capital Center Drive, Suite 105
Frankfort, KY 40601
Phone: (502) 564-7830
Fax: (502) 695-5799
PersonnelBoard@ky.gov**

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