

APPEAL FORM

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

For Official Use Only

This appeal to the Kentucky Personnel Board is hereby filed pursuant to the provision of KRS Chapter 18A. The following information is provided as required by law.

NAME: _____
 (LAST) (FIRST) (MIDDLE) (MAIDEN) (SOC. SEC. NO.)

HOME ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

WORK STATION ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE NO: _____ WORK STATION PHONE NO: _____

CABINET OR AGENCY: _____

NAME OF APPOINTING AUTHORITY: _____

REPRESENTED BY ATTORNEY: NO YES

ATTORNEY'S NAME, ADDRESS AND PHONE NO: _____

I AM A: Classified employee Unclassified employee
 Applicant for employment Eligible on register

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box or boxes)

<input type="checkbox"/> DISMISSAL	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> SUSPENSION
<input type="checkbox"/> DISCIPLINARY FINE	<input type="checkbox"/> INVOLUNTARY TRANSFER	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> EMPLOYEE EVALUATION	<input type="checkbox"/> REALLOCATION	<input type="checkbox"/> RECLASSIFICATION
<input type="checkbox"/> APPLICANT REJECTION	<input type="checkbox"/> DENIED, ABRIDGED OR IMPEDED	<input type="checkbox"/> DISCRIMINATION Circle those that
<input type="checkbox"/> REMOVAL FROM REGISTER	RIGHT TO INSPECT OR COPY	apply [race, color, religion, ethnic origin,
<input type="checkbox"/> OTHER PENALIZATION	RECORDS	sex, disability, political, age (over 40)]

(Specify): _____

CLASSIFIED, ELIGIBLE OR APPLICANT, PREPARE THIS SECTION

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing:

UNCLASSIFIED EMPLOYEE, PREPARE THIS SECTION

The following is a short, plain, and concise statement of reason or cause given for dismissal or other penalization:

DATE OF RECEIPT OF NOTICE OF APPEALED ACTION: (Attach a copy of any written notice which you received relating to this Appeal.) _____

SIGNATURE

DATE

ATTORNEY'S SIGNATURE (if any)

DATE

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THIS FORM IS TO BE MAILED OR DELIVERED TO:

KENTUCKY PERSONNEL BOARD
1025 CAPITAL CENTER DRIVE, SUITE 105
FRANKFORT, KENTUCKY 40601
PHONE #: (502) 564-7830
FAX #: (502) 695-5799