

# PETITION FOR APPEAL

INSTRUCTIONS	DO NOT WRITE IN THIS SPACE
<ul style="list-style-type: none"> <li>• Complete both sides of this form</li> <li>• Submit original form, Print or Type</li> <li>• Attach copies of relevant documents</li> <li>• DO NOT submit materials which you want returned</li> <li>• Attach additional sheets if necessary</li> <li>• Send appeal to: Merit Protection Commission  <div style="margin-left: 40px;">3545 NW 58<sup>th</sup> Street, Suite 360</div> <div style="margin-left: 40px;">Oklahoma City, Oklahoma 73112</div> <div style="margin-left: 40px;">(405)525-9144</div> </li> </ul>	<p style="font-weight: bold; margin-top: 0;">FILED (Stamp)</p>       <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="font-weight: bold; margin-top: 0;">APPEAL NUMBER:</p>

## APPELLANT INFORMATION (Person on whose behalf appeal is filed)

NAME (Last, First, Middle)		
ADDRESS (Street Number, P.O. Box, City, Zip Code)		
TELEPHONE Home (    )	Work (    )	Other (    )
ARE YOU A <b>CURRENT</b> OR <b>FORMER</b> STATE EMPLOYEE:		
EMPLOYEE ID #: <small>(six-digit identification number used in PeopleSoft system)</small>	EMPLOYEE STATUS: <small>(Unclassified, Permanent Classified, Probationary Classified)</small>	
JOB CODE & TITLE:		
*GENDER:	ETHNICITY:	DATE OF BIRTH:
<small>* This demographic information is mandated for system identification purposes and for Commission reporting requirements.</small>		

REPRESENTATIVE: (Name, Address & Telephone Number)
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## APPELLEE INFORMATION (Agency/Party against whom appeal is filed)

NAME OF AGENCY/PARTY	/
SUB-AGENCY/INSTITUTION	
Have you filed a grievance or other complaint with any of the following? <input type="checkbox"/> Agency <input type="checkbox"/> Equal Employment Opportunity Commission <input type="checkbox"/> Human Rights Commission	

**YOU MUST COMPLETE BOTH SIDES OF THIS FORM**

Please identify the type of appeal being filed below by circling the one that applies.

(Appeal of Merit Rule or Personnel Act violation, Appeal of Application Process, Appeal of grievance decision or Payroll Claim Protest, Request for Mediation, or Open Records Request.)

**APPEAL OF ADVERSE ACTION**

**(Check all that apply)**

I am a **permanent classified** employee appealing a  **discharge**  **involuntary demotion**  **suspension without pay** pursuant to Title 74 O.S., Section 840-6.5. I intend to use the following provisions of the Oklahoma Personnel Act or Merit Rules in support of my position in the adverse action matter. It is not my intent to allege violations of the Oklahoma Personnel Act or Merit Rules pursuant to Title 74 O.S., Section 840-6.6. [Note: Include a copy of the final notice of the adverse action with this appeal].

**APPEAL OF ALLEGED VIOLATION OF THE OKLAHOMA PERSONNEL ACT OR MERIT RULES**

I believe my rights under the following provisions of the Oklahoma Personnel Act or Merit Rules have been violated pursuant to Title 74 O.S., Section 840-6.6. [List all that apply]:

**Note:** Provide information in regard to who, what, where, when, how and why. Be specific as to facts, names, dates, places, etc. Attach additional sheets if necessary.

**REMEDY SOUGHT**

**(Briefly state the remedy or relief you are seeking from this appeal)**

**AFFIRMATION**

I declare under penalty of perjury that I have read the above appeal and that the statements are true to the best of my knowledge and belief. Misrepresentation or falsification of this document is a violation of the Oklahoma Personnel Act.

APPELLANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_