



# APPEAL TO ND HUMAN RESOURCE MANAGEMENT SERVICES

STATE OF NORTH DAKOTA

SFN 3096 (6-99)

## PART I - INFORMATION

Appeals to ND Human Resource Management Services may be made by non-probationary employees in classified positions who are appealing dismissal, demotion, discrimination, forced relocation, reduction-in-force, reprisal action, and suspension without pay.

## PART II - APPELLANT/AGENCY IDENTIFICATION

Appellant's Name (Last, First, M.I.)			
Employing Agency	Work Unit/Division		
Immediate Supervisor	Title		
Appointing Authority	Title		
Appellant's Mailing Address	City	State	Zip Code
Appellant's Title	Home Telephone No.	Work Telephone No.	

## PART III - APPEAL IDENTIFICATION

CHECK THE TYPE OF APPEAL:

- Dismissal                       Discrimination                       Forced Relocation                       Demotion  
 Reduction-in-Force                       Reprisal Action                       Suspension Without Pay

## PART IV - GRIEVANCE/REMEDY IDENTIFICATION (This part must be completed.)

STATE THE GRIEVANCE: (Be specific. Use additional sheets if necessary)

STATE THE SPECIFIC REMEDY(IES) SOUGHT TO RESOLVE THIS GRIEVANCE:

OUTCOME OF AGENCY GRIEVANCE PROCEDURE:

Date of notification of appointing authority's decision regarding the grievance (if applicable):

**PART V - REQUIREMENT TO COMPLETE AGENCY GRIEVANCE PROCEDURE**

Before an appeal may be submitted to ND Human Resource Management Services, the employee must complete the grievance procedure of the agency involved. However, if the employee has obtained a waiver from the agency's appointing authority, the employee need not complete the agency grievance procedure prior to appealing to ND Human Resource Management Services. A copy of the waiver must be attached to the appeal form.

**PART VI - TIME LIMITATIONS TO BEGIN THE APPEAL**

An appeal to ND Human Resource Management Services must be submitted within time limits established by NDAC 4-07-20.1. Any extension(s) granted to the established time limits must be attached to the appeal when submitted.

**PART VII - CERTIFICATION**

I certify that I am a non-probationary, classified employee and that this appeal meets the applicable time limitations.

\_\_\_\_\_

Appellant's Signature

\_\_\_\_\_

Date

Upon completion of this form, please submit it to the Director, ND Human Resource Management Services, State Capitol - 14th Floor, 600 East Boulevard Avenue Dept. 113, Bismarck, ND 58505-0120.