

STATE OF IOWA
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD

STATE EMPLOYEE GRIEVANCE OR DISCIPLINARY ACTION APPEAL

INSTRUCTIONS: This appeal and any supporting documents must be filed using PERB's electronic document management system. Service of this appeal is governed by PERB rules 621—2.15 and 621—16.10.

PART I. IDENTIFICATION OF PARTIES

A. APPEALING EMPLOYEE

NAME (Last, First, Middle): _____

PRESENT ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

B. EMPLOYEE'S AGENCY/APPOINTING AUTHORITY (include department, division, etc.)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

PART II. TYPE OF APPEAL

You must indicate whether this appeal is being made pursuant to section 8A.415(1) or section 8A.415(2) of the Code of Iowa. Please check either (1) or (2) below:

- (1) I am appealing the response to my grievance given by the Director of the Department of Administrative Services (Iowa Code §8A.415(1)). The Director or Director's designee issued a response to my grievance on the following date: _____.
- (2) I am appealing the response given by the Director of the Department of Administrative Services to my appeal of a discharge, suspension, demotion, or other reduction in pay (Iowa Code §8A.415(2)). The Director or Director's designee issued a response to my appeal on the following date: _____.

PART III. NATURE OF APPEAL

Briefly describe why you are not satisfied with the response of the Director or Director's designee. Attach a copy of your grievance or discipline appeal, a copy of the Director or Director's designee's response, and all other documents you believe are relevant to your appeal.

PART IV. REMEDY SOUGHT

What action are you asking the Public Employment Relations Board to take on your appeal?

PART V. HEARING

You have a right to an evidentiary hearing on this appeal.

If you are appealing from a response under Iowa Code § 8A.415(2) (discharge, suspension, demotion or other reduction in pay), the hearing will be closed to the public **unless you request a public hearing.**

Do you want a public hearing of your appeal?

YES

NO

PART VI. YOUR REPRESENTATIVE

You may designate someone to represent you in this appeal. You may change your designation of representative at a later date if you wish to do so. You should promptly notify the Board of change in representation.

My representative's name, address, Email and telephone number is:

NAME: _____

ADDRESS: _____

E-MAIL: _____ TELEPHONE #: _____

PART VII. DATE AND SIGNATURE

THIS APPEAL MUST BE DATED AND SIGNED.

Signature of Appealing Employee or Employee's Representative

Date