

Step I Appeal Form

Agency Name:

Agency Address:

Agency Contact/Designee:

Phone:

Agency Email for Appeals:

To file a complaint and commence Step I of the appeals process, an employee must submit a fully completed Step I appeal form, or otherwise notify the agency, and provide any relevant documentation to the agency's appointing authority or designee. The submission may be made either electronically, by hand delivery, or by U.S. mail (preferably certified). Submission of this information must be made no later than fourteen (14) calendar days, excluding holidays, after the employee receives notice of dismissal, demotion, or suspension. If an employee submits a Step I appeal via U.S. mail, the appeal is deemed timely as long as it is postmarked within the fourteen (14) calendar day timeframe. **It is the responsibility of the employee to ensure the Step I appeal form and all documentation has been received by the agency.** Confirmation of receipt can be made by contacting the agency at (insert email in the following space): or by dialing (insert dedicated phone number in the following space): .

Are you / were you a preferred service employee? Yes No

Have you completed your initial probationary period? Yes No

When completing this section, it is very important to include reliable contact information so that the agency can contact you throughout the appeals process.

What is your preferred method of communication/correspondence for Step I appeal purposes? *Please note that communication/correspondence will also be sent electronically if an e-mail address is provided, even if not selected as the preferred communication method. For purposes of receipt, notice shall be deemed received as by the email date.*

Email Mail

Please note that should your contact information change during the appeal process, it is your responsibility to notify appropriate parties and update your contact information.

Complainant's name:

Mailing address:

Preferred phone number:

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Personal email address:

Edison ID number:

Job title:

Immediate supervisor's

Employee's assigned office

What specific law, rule, or policy was allegedly violated by agency?

Which of the following disciplinary actions was issued? (check one)

Dismissal: Demotion: Suspension; *If suspension, number of days:*

Date of alleged violation (application of specific law, rule, or policy):

Brief description of alleged violation by agency (How was the specific law, rule, or policy wrongly applied?):

Corrective action sought by employee:

Reinstatement of job:

Reinstatement of leave:

Back pay:

Reduction of suspension:

Other (please specify):

Employee's signature:

Date:

If signing on behalf of an employee as a valid representative (i.e., attorney, TSEA , etc.), please indicate so on the signature line.

Step I Appeal Form

For Completion by Agency

Date appeal form received:

Date of alleged violation:

Was Step I appeal form submitted within fourteen (14) calendar days of employee's receipt of notice of dismissal, demotion or suspension?

Yes

No

Date investigation completed:

Investigation completed by (name and title): Phone

Date of Step I discussion:

Step I discussion attendees:

Written decision issued by appointing authority?

Yes

No

If so, date issued:

Date mailed (including certified mail tracking number):

Date emailed:

Corrective action awarded at Step I hearing: