

STATE OF IOWA
BEFORE THE EMPLOYMENT APPEAL BOARD

STATE EMPLOYEE GRIEVANCE OR DISCIPLINARY ACTION APPEAL

INSTRUCTIONS: Complete this appeal form. Then submit this form and any supporting documents in the EAB's eFlex system. You should serve notice of this appeal as stated in EAB 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 select 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 DAS response to my grievance, which includes **any employment action up to suspension**, under Iowa Code §8A.415(1). The DAS Director or Director's designee issued a response to my grievance on the following date: _____.
- (2) I am appealing the DAS response to my grievance of a **discharge, suspension, demotion, or other reduction in pay** under Iowa Code §8A.415(2). The DAS Director or Director's designee issued a response to my appeal on the following date: _____.

PART III. HEARING

After filing this appeal, you will have an evidentiary hearing. Please read and initial:

_____ I understand that if the other party wins at the hearing or after an appeal with the EAB, I will be responsible for paying the costs of the court reporter and transcription services for the hearing.

Hearings related to responses under number (1) above, or Iowa Code **§8A.415(1)**, are public hearings. Any records or testimony from the hearing are available to the public.

If you are appealing from a response under number (2) above, or Iowa Code **§8A.415(2)**, 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 IV. NATURE OF APPEAL

Briefly describe why you are not satisfied with the DAS response. Attach a copy of your grievance, a copy of the DAS response, and all other documents you believe are relevant to your appeal.

PART V. REMEDY SOUGHT

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

PART VI. YOUR REPRESENTATIVE

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

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