

PART 1 - Appellant and Agency Information

Everyone must complete Part 1.

Please type or print legibly.

1. Name (last, first, middle)

Last

First

M. Initial

Please list your first name as it appears in your official personnel records. For example, if your first name is "William" on your official personnel records, please list it that way on the appeal form, not "Bill" or "Willy."

2. Present address (number and street, city, State, and Zip code)

You must promptly notify the Board in writing of any change in your mailing address while your appeal is pending.

Address:

City:

State:

Zip Code:

3. Telephone Numbers (include area code) and E-Mail Address

You must promptly notify the Board in writing of any change in your telephone number(s) or e-mail address while your appeal is pending.

Home:

Work:

Fax:

Cell:

e-Mail Address:

4. Name and address of the agency that took the action or made the decision you are appealing (include bureau or division, street address, city, State and Zip code)

Agency Name:

Bureau:

Address:

City:

State:

Zip Code:

Phone Number:

5. Your Federal employment status at the time of the action or decision you are appealing:

- Permanent Temporary Term
 Seasonal Applicant Retired
 None

6. Type of appointment (if applicable):

- Competitive Excepted
 Postal Service SES
 Other (describe):

7. Your position, title, grade, and duty station at the time of the action or decision you are appealing (if applicable):

Occupational Series or Cluster:

Position Title:

Grade or Pay Band:

Duty Station:

8. Are you entitled to veteran's preference?
See [5 U.S.C. § 2108](#).

Yes No

9. Length of Federal service (if applicable):

Years Months

10. Were you serving a probationary, trial, or initial service period at the time of the action or decision you are appealing?

Yes No

11. **HEARING:** You may have a right to a hearing before an administrative judge. If you elect not to have a hearing, the administrative judge will make a decision on the basis of the submissions of the parties. Do you want a hearing?

Yes No

PART 2 - Agency Personnel Action or Decision (non-retirement)

Complete this part if you are appealing a Federal agency personnel action or decision other than a decision directly addressing your retirement rights or benefits. This includes certain actions that might not otherwise be appealable to the Board: individual right of action (IRA) appeals under the Whistleblower Protection Act (WPA); appeals under the Uniformed Services Employment and Reemployment Rights Act (USERRA); or appeals under the Veterans Employment Opportunities Act (VEOA). An explanation of these three types of appeals is provided in **Appendix A**.

12. Check the box that best describes the agency **personnel action or decision** you are appealing. (If you are appealing more than one action or decision, check each box that applies.)

- | | |
|--|---|
| <input type="checkbox"/> VA SES Removal from civil service | <input type="checkbox"/> VA SES Transfer to general schedule |
| <input checked="" type="checkbox"/> Removal (termination after completion of probationary or initial service period) | <input type="checkbox"/> Involuntary resignation |
| <input type="checkbox"/> Termination during probationary or initial service period | <input type="checkbox"/> Involuntary retirement |
| <input type="checkbox"/> Reduction in grade, pay, or band | <input type="checkbox"/> Denial of within-grade increase |
| <input type="checkbox"/> Suspension for more than 14 days | <input type="checkbox"/> Furlough of 30 days or less |
| <input type="checkbox"/> Failure to restore/reemploy/reinstate or improper restoration/reemployment/reinstatement | <input type="checkbox"/> Separation, demotion or furlough for more than 30 days by reduction in force (RIF) |
| <input type="checkbox"/> Negative suitability determination | <input type="checkbox"/> Other action (describe): |
-

13. Date you received the agency's final decision letter (if any) (MM/DD/YYYY):

12/16/2020

14. Effective date (if any) of the agency action or decision (MM/DD/YYYY):

12/25/2020

15. Prior to filing this appeal, did you and the agency mutually agree in writing to try to resolve the matter through an alternative dispute resolution (ADR) process?

- Yes (**attach a copy of the agreement**) No

16. Explain briefly why you think the agency was wrong in taking this action, including whether you believe the agency engaged in harmful procedural error, committed a prohibited personnel practice, or engaged in one of the other claims listed in **Appendix A**. **Attach the agency's proposal letter, decision letter, and SF-50, if available.** Attach additional sheets if necessary (bearing in mind that there will be later opportunities to supplement your filings).

LEAVE BLANK

PART 2 - Agency Personnel Action or Decision (non-retirement) (continued)

17. With respect to the agency personnel action or decision you are appealing, have you, or has anyone on your behalf, filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement?

Yes No

If "Yes," **attach a copy of the grievance**, enter the date it was filed, and enter the place where it was filed if different from your answer to question 4 in Part 1.

Agency Name: Date Filed (MM/DD/YYYY):

Bureau:

Address:

City: State: Zip Code:

If a decision on the grievance has been issued, **attach a copy of the decision** and enter the date it was issued (MM/DD/YYYY):

Date Issued (MM/DD/YYYY):

Answer Question 18 ONLY if you are filing an IRA appeal.

18. If you filed a whistleblowing complaint with the Office of Special Counsel (OSC), provide the date on which you did so and the date on which OSC made a decision or terminated its investigation, if applicable. **Attach copies of your complaint and OSC's termination of investigation letter**, notifying you of your right to seek corrective action from the Board.

Date Filed (MM/DD/YYYY):

Date of OSC decision or termination of investigation (MM/DD/YYYY):

Answer Question 19 ONLY if you are filing a USERRA or VEOA appeal.

19. If you filed a complaint with the Department of Labor (DOL), list the date on which you did so, and **attach a copy of your complaint**. If DOL has made a decision on your complaint, list the date of this decision, and **attach a copy of it**. If DOL has not made a decision on your complaint within 60 days from the date you filed it, state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date Filed (MM/DD/YYYY):

Has DOL made a decision on your complaint?

Yes No

If "Yes," enter the date it was made. If "No", state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date of DOL decision (MM/DD/YYYY):

Notified DOL of your intent to file an appeal with the Board?

PART 3 - OPM or Agency Retirement Decision

Complete this part if you are appealing a decision of the Office of Personnel Management (OPM) or other Federal agency directly addressing your retirement rights or benefits.

20. In which retirement system are you enrolled?

CSRS CSRS Offset FERS

Other, *describe*:

21. Are you a:

Current Employee Annuitant

Surviving Spouse

Other, *describe*:

22. If retired, date of retirement, or if unknown, approximate date:

Date Retired (MM/DD/YYYY):

23. Describe the retirement decision you are appealing.

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24. Have you received a final or reconsideration decision from OPM or another Federal agency?

Yes (***attach a copy***) No

If "Yes," on what date did you receive the decision?

Date Received (MM/DD/YYYY):

Provide the OPM processing (CSA or CSF) number in your appeal:

OPM Claim Number:

25. Explain briefly why you think OPM or another Federal agency was wrong in making this decision.

PART 5 - Certification

27. I certify that all of the statements made in this form and any attachments are true, complete, and correct to the best of my knowledge and belief.

Signature of Appellant or Representative

Date (MM/DD/YYYY)

Privacy Act Statement

This form requests personal information that is relevant and necessary to reach a decision in your appeal. The Merit Systems Protection Board collects this information in order to process appeals under its statutory and regulatory authority. Because your appeal is a voluntary action, you are not required to provide any personal information to the Merit Systems Protection Board in connection with your appeal. Conceivably, failure to provide all information essential to reaching a decision in your case could result in the dismissal or denial of your appeal.

Decisions of the Merit Systems Protection Board are available to the public under the provisions of the Freedom of Information Act and are posted to the Merit Systems Protection Board's public website. Some information about the appeal also is used in depersonalized form for statistical purposes. Finally, information from your appeal file may be disclosed as required by law under the provisions of the Freedom of Information Act and the Privacy Act. See 5 U.S.C. §§ 552, 552a.

Public Reporting Burden

The public reporting burden for this collection of information is estimated to vary from 20 minutes to 4 hours, with an average of 60 minutes per response, including time for reviewing the form, searching existing data sources, gathering the data necessary, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of the Clerk of the Board, Merit Systems Protection Board, 1615 M Street, N.W., Washington, DC 20419 or by e-mail to mspb@mspb.gov.