

**STATE OF OHIO
STATE PERSONNEL BOARD OF REVIEW**

Appellant

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____
Email Address: _____

vs.

Appellee

Agency/Dept: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____

NOTICE OF APPEAL

Notice is hereby given that Appellant appeals to the State Personnel Board of Review from the Order or Notice of:

Removal	Layoff	Reduction in Pay or Position
Transfer	Abolishment	Fine
Investigation	Reclassification	Involuntary Disability Separation
Other: _____	Suspension : (<input checked="" type="checkbox"/> one) Working Non-Working _____ # of days	Retaliatory Discipline: (<input checked="" type="checkbox"/> one) Whistleblower OSHA

Which was received on (specify date): _____

And which was effective on (specify date): _____

If Applicable

Attorney for Appellant: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____
Email Address: _____