

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

Appellant *(Please Print Clearly)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Removal | <input type="checkbox"/> Layoff | <input type="checkbox"/> Reduction in Pay or Position |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Abolishment | <input type="checkbox"/> Fined |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Involuntary Disability Separation |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Suspension (✓one) | <input type="checkbox"/> Retaliatory Discipline (✓one) |
| | <input type="radio"/> Working | <input type="radio"/> Whistleblower |
| | <input type="radio"/> Non-Working | <input type="radio"/> OSHA |
| | ___ No. of days | |

which was received on (specify date) _____

and which was effective on (specify date) _____

If Applicable:

Attorney for Appellant: _____

Address: _____ City: _____ Zip: _____

Telephone Number _____ Fax Number _____

Instructions: Please complete the above form, filling in all of the blanks and printing clearly. The original of this notice is to be sent directly to the State Personnel Board of Review, 65 East State Street, 12th Floor, Columbus, Ohio 43215-4213. Please retain a copy of this notice for your personal records.