



State of Ohio  
State Personnel Board of Review  
65 East State Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215  
(614) 466-7046 (voice)  
(614) 466-6539 (fax)  
spbr@spbr.ohio.gov

## NOTICE OF APPEAL / REQUEST AN INVESTIGATION

<b>1. Name of Appellant (individual filing appeal / request for investigation):</b>	
<b>Address:</b>	<b>Telephone:</b> ( )
<b>City, State, ZIP</b>	<b>Email:</b>
<b>2. Name of Appellee (employer, agency, department, board, commission):</b>	
<b>Address:</b>	<b>Telephone:</b> ( )
<b>City, State, ZIP</b>	<b>Email:</b>

### 3. Reason(s) for filing:

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

- |  |   |   |
|--|---|---|
| <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"/> Fine   |
| <input type="checkbox"/> Investigation   | <input type="checkbox"/> Reclassification   | <input type="checkbox"/> Involuntary Disability Separation<br><input type="checkbox"/> Failure to Reinstate from IDS  |
| <input type="checkbox"/> Other:<br>_____ | <input type="checkbox"/> Suspension: ( <input checked="" type="checkbox"/> one)<br><input type="checkbox"/> Working<br><input type="checkbox"/> Non-Working<br>___# of Days | <input type="checkbox"/> Retaliatory Discipline: ( <input checked="" type="checkbox"/> all that apply)<br><input type="checkbox"/> Whistleblower<br><input type="checkbox"/> Health and Safety (includes OSHA and Public Employment Risk Reduction Program) |

<b>4. When did you receive notice of the action being appealed?</b>
<b>5. When was the action being appealed effective?</b>

If applicable:

<b>6. Name of Attorney for Appellant:</b>	
<b>Address:</b>	<b>Telephone:</b> ( )
<b>City, State, ZIP</b>	<b>Email:</b>

Pursuant to Ohio Administrative Code Section 124-5-01, this appeal / request for investigation must be filed in writing with the State Personnel Board of Review. The completed document may be hand-delivered, sent by regular USPS mail or courier service, sent by fax or sent by electronic mail to the address at the top of the form.

## State Personnel Board of Review

### Instructions for completing the Notice of Appeal / Request for Investigation form

1. **Name of Appellant** – Fill in complete name, address, telephone number and email address of the individual filing the appeal.
2. **Name of Appellee** – Fill in complete name, address, telephone number and email address of the Agency or Department that employs the individual filing the appeal.
3. **Reason(s) for filing** – What employment action are you appealing? Check all of the boxes that apply. The Board also has the authority to investigate an alleged abuse of power by an appointing authority or a municipal civil service commission's alleged violation of the law or failure to perform the duties required of it.
4. **When did you received notice of the action being appealed?** – Please provide the date you received notice of the employment action that you are appealing.
5. **When was the action being appealed effective?** – Please provide the date the employment action that you are appealing was effective.
6. **Name of Attorney for Appellant** – If you have an attorney, fill in his or her complete name, address, telephone number and email.