

## Step I Appeal Form

Agency Name:

Agency Contact/Designee:

Agency Email for Appeals:

To file a complaint and commence a Step I Appeal, an employee must submit either a fully completed Step I Appeal form, or otherwise notify the agency, and provide any relevant documentation to the agency's appointing authority or designee. In addition to reducing the request to appeal in writing, **the employee must provide a statement detailing why the discipline issued was in error and should be overturned or reduced.**

Employees filing a Step I Appeal Form must file the appeal as soon as possible after being made aware of the disciplinary action, and not later than fourteen (14) calendar days after receiving notice of the issuance of the disciplinary action. **Employees failing to meet this deadline are deemed to have waived in its entirety and the disciplinary action issued is considered final.**

The submission may be made either electronically (preferred), by hand delivery, or by U.S. mail **It is the responsibility of the employee to ensure the Step I Appeal Form and all documentation has been received by the agency.**

Are you / were you a preferred service employee?  Yes  No

Have you completed your initial probationary period?  Yes  No

When completing this section, it is very important to include reliable contact information so that the agency can contact you throughout the appeals process.

What is your preferred method of communication/correspondence for Step I Appeal purposes? Choose one(1) :

Email  Mail

***Please note that should your contact information change during the appeal process, it is your responsibility to notify appropriate parties and update your contact information.***

Complainant's name:

Mailing address:

Preferred phone number:

**Step I Appeal Form**

Personal email address:

Edison ID number:

Job title:

Immediate supervisor's

Employee's assigned office

Which of the following disciplinary actions was issued? (check one)

Dismissal:       Demotion:       Suspension; *If suspension, number of days:*

For purposes of Step I Appeal requirements, you may briefly describe why the disciplinary action was in error and should be overturned or reduced below. Otherwise, you may submit separate documentation:

Corrective action sought by employee:

Reinstatement of job:

Reinstatement of leave:

Back pay:

Reduction of suspension:

Other (please specify):

Employee's signature:

Date:

If signing on behalf of an employee as a valid representative (i.e., attorney, TSEA , etc.), please indicate so on the signature line.

**Step I Appeal Form**

**For Completion by Agency**

Date appeal form received:

Date of alleged violation:

Was Step I Appeal request submitted within fourteen (14) calendar days of employee's receipt of notice of dismissal, demotion or suspension?

Yes

No

Date of Step I Appeal Discussion:

Step I Appeal Decision issued by appointing authority?

Yes

No

If so, date issued:

Corrective action awarded at Step I Appeal Discussion: