



DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Personnel Management
Dispute Resolution Appeal Form

Agency/Board/Commission

Employee's Name Job Title

Immediate Supervisor's/Charged Party's Name

Grievance Officer Phone Number

This form is to be used if and when the employee wishes to appeal the agency's decision on the disposition of a grievance. All questions must be answered. (Attach additional pages, if necessary)

(1) Why is the grievance decision being appealed?

(2) What specific remedy do you request on appeal?

(3) I request as my first appeal step: Mediation

Appeal Hearing before SEGAP

Employee Signature

Date