

## Step III Appeal Form

Board of Appeals

Department of Human Resources

James K. Polk Building, 505 Deaderick Street, 1st Floor, Nashville, TN 37243

Phone: (615) 741-3827 Fax: (615) 401-6848

Email: DOHR.Step3Appeals@tn.gov

To file an appeal and commence Step III of the appeals process, the employee or agency shall submit a fully completed Step III appeal form or otherwise notify the Step III Administrator and any relevant documentation to the Board of Appeals. Relevant documentation includes, but is not limited to, any disciplinary letter from the agency, the Step II decision letter and the written decision letter from the appointing authority in Step I (if issued). The submission may be made either electronically, by hand delivery, or by U.S. mail (preferably certified) to the address listed above. Submission of this information must be made no later than fourteen (14) days of receipt of decision letter by the Commissioner of Human Resources at Step II. If an employee submits a Step II appeal via U.S. mail, the appeal is deemed timely as long as it is postmarked within the fourteen (14) day timeframe. **It is the responsibility of the appealing party to ensure the Step III appeal form and documentation has been received by the Board of Appeals.** Confirmation of receipt can be made by contacting the Board of Appeals administrator at DOHR.Step3Appeals@tn.gov or by dialing (615) 741-3827. Confirmation of receipt by the Board of Appeals administrator will be made by email unless the employee or agency designates another preferred method of communication below.

### **To be completed by the employee (if appealing party):**

When completing this section, it is very important to include reliable contact information in which the Board may use to contact you throughout the entire Step III appeals process.

What is your preferred method of communication/correspondence for Step III appeal purposes? *Please note that communication/correspondence will also be sent electronically if an email address is provided, even if not selected as preferred communication method. For purpose of receipt, notice shall be deemed received as of the date of the email.*

Email

Mail

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

Employee's name:

Mailing address:

Preferred phone number:

Personal email ad-

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Edison ID number:

Agency name:

Job title:

Immediate supervisor's

Employee's assigned office address/location:

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

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

What specific law, rule or policy did the agency allegedly violate by issuing the suspension, demotion or dismissal??

Give a brief description of the reason for the appeal and the alleged violation by the agency: (How was the specific law, rule, or policy wrongfully applied?)

Board of Appeals action desired:

**Step III Appeal Form**

***To be completed by agency (if appealing party):***

Agency name:

Name and address of the appealing employee:

Edison ID number of the appealing employee:

Specific law, rule or policy allegedly violated by employee:

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

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

Give a brief description of the reason for the appeal:

Board of Appeals action desired: