

Step III Appeal Form

Board of Appeals

Department of Human Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Ave., 17th Floor Nashville, TN 37243

Phone: (615) 741-4841 Fax: (615) 401-6848

Email: DOHR.Step3Appeals@tn.gov

To file a Step III Appeal, 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 Appeal Decision letter and the Step I Appeal Decision. 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) calendar days of receipt of Step II Appeal Decision 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) calendar 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.**

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. If you are completing this form on behalf of an employee (i.e., attorney or employee representative, please complete contact information p. 4).

What is your preferred method of communication/correspondence for Step III 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 contact information.

Employee's name:

Mailing address:

Preferred phone number:

Personal email address:

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Edison ID number:

Agency name:

Job title:

Immediate supervisor's name:

Employee's assigned office building:

Please utilize this space to provide a brief summary as to why the Step I and/or II Appeal Decision should be overturned, reduced, or amended:

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

Dismissal:

Demotion:

Suspension; *If suspension, number of days:*

Board of Appeals action desired:

Employee's signature:

Date:

If signing on behalf of an employee as a valid representative (i.e., attorney, employee representative), please indicate so on the signature line and indicate your contact information in boxes on p. 4.

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To be completed by agency (if appealing party):

Agency name:

Name and contact(s) information for Agency Contact

Please utilize this space to provide a brief summary as to why the Step I and/or II Appeal Decision should be overturned, reduced, or amended:

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

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

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

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

Board of Appeals action desired:

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To be completed only by attorney or employee representative

Attorney/ Representative name:

Mailing address:

Preferred phone number:

Personal email address:

Attorney/Rep. signature:

For completion by the Department of Human Resources (DOHR)

Date Step III Appeal Form/document received:

Written decision issued by DOHR? Yes No

Submitted within fourteen (14) days of DOHR's written decision? Yes No

Date Final Order issued:

Step II Appeal Decision upheld?

Corrective action awarded at Step III: