



NOTICE OF APPEAL

To: NH Personnel Appeals Board
54 Regional Drive, Suite 5
Concord, NH 03301

From: _____

Address: _____

Date: _____

Please accept this as my request for a hearing to appeal the following action:

Dismissal/Termination

Demotion

Suspension Without Pay

Withholding Salary Increment

Letter of Warning

Reclassification Denied

Non-selection for a Vacancy

Lay-off or Involuntary
Transfer

Conflict of Interest

Other

1. **Appealing party:**

Please describe yourself below:

Name: _____

Job Title: _____

Mailing Address: _____

Daytime Telephone Number(s): _____

Email Address: _____

2. **Representative:**

If you are to be represented by someone else (i.e. union steward, union field representative, attorney, personal friend); please provide the following information about that person:

Name of your Representative: _____

Representative's Title: _____

Representative's company, organization or affiliation: _____

Mailing Address: _____

Daytime Telephone Number(s): _____

Email Address: _____

3. **Party Whose Decision is Being Appealed:**

Person, party or agency's decision that you are appealing:

Name: _____

Title: _____

Name of Agency or Department: _____

Mailing Address: _____

Daytime Telephone Number(s): _____

Email Address: _____

4. **Date of the Decision That You Are Appealing:**

5. **ATTACH A COPY OF THE DECISION THAT IS BEING APPEALED**

6. Rules Violated or Improperly Applied:

What Personnel Administrative Rule(s) do you believe were violated or applied improperly in the decision that you are appealing?

7. Reasons the Action was Inappropriate:

Please list specifically the reason(s) that you believe the action under appeal was inappropriate. Attach additional sheets if necessary.

8. Supporting Facts:

Please provide a detailed statement of facts supporting your assertion that the action taken was inappropriate. Attach additional sheets if necessary.

9. Attestation:

By signing in the space provided below, I attest that to the best of my knowledge and belief, all of the statements and representations made in this appeal are truthful.

Signed: _____

10. Certificate of Certificate:

By Signing below, I certify that a copy of this appeal and any documents submitted in support of this appeal have been served on every other party to the appeal as follows, and in the manner indicated:

Check the manner of method of service:

hand-delivered	first-class mail	certified mail
registered mail	express mail	priority postal delivery
facsimile	electronic submission	

Date of service: _____

Person(s) and address(es) to which service was made:

10.1 _____

10.2 _____

10.3 _____

10.4 _____

10.5 _____

10.6 _____

Signed: _____

Attachments (listed separately):

10.1.1 _____

10.1.2 _____

10.1.3 _____

10.1.4 _____

10.1.5 _____

10.1.6 _____

10.1.7 _____

This appeal is being submitted to the NH Personnel Appeals Board with an original and five copies (**a total of six complete sets of documents**).