

# APPEAL OF DISCIPLINARY ACTION TO PERSONNEL BOARD



## Personnel Board of Jefferson County

The Foundation of Your Merit System Career

EMPLOYEE RELATIONS DEPARTMENT  
205-279-3474 ER@pbjcal.org

Pursuant to Rule 12 of the Personnel Board Rules and Regulations, a Regular employee (full-time employee who has completed twelve (12) months of uninterrupted service) who has been terminated, demoted or suspended for more than five (5) working days or more than a total of ten (10) working days in a twelve (12) month period, may appeal the disciplinary action to the Personnel Board of Jefferson County.

The appeal must be submitted to the Personnel Board within ten (10) calendar days after receipt of the notice of disciplinary action from the Appointing Authority. This form should be fully completed, signed, printed and submitted to the Personnel Board within the ten (10) calendar days described. Please refer to Rule 12 of Personnel Board Rules and Regulations and the Personnel Board's Administrative Appeals Procedures for detailed guidance for handling your appeal.

**Name** **Employee Number**

**Address** **City** **Zip**

**Phone** **Alternate Phone** **Email Address (for case-related communications)**

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**Jurisdiction** **Department** **Job Class**

**Appointing Authority who Issued Discipline** **Name of Department Head** **Date Notified of Discipline (mm/dd/yyyy)**

<b>Disciplinary Decision:</b>	Termination	<b>Length of Suspension/ Administrative Leave</b>	<b>If suspended for five days or less, have you been suspended previously in the last 12 months?</b>	
	Suspension			
	Demotion			
	Admin Leave w/o Pay		Unsure	

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**In response to the charges against me, I :**

Deny guilt Admit to Guilt Admit, in part, to guilt

**If you contend that you are not guilty of the actions for which you have been charged, state your reason(s):**

Do you contend that any rule, policy, procedure or guideline was inappropriately applied to you? Yes No If Yes, please list the applicable rule, policy, or procedure

Do you contend that other employees received less severe discipline for the same or similar actions? Yes No If Yes, please list the names of each employee who received less severe discipline

Describe what relief you are seeking if this appeal is successful? If other employee benefit or relief is being sought, describe here: reinstatement backpay charges set aside reduced discipline other employee benefit

You are entitled to represent yourself (pro se) in this appeal, or you may hire an attorney to represent you. If you choose to hire an attorney, all communications related to your appeal will be directed to your attorney.

Will you be represented by an attorney or union representative? Yes No Name, Address, Phone and Email Address of Attorney or Union Representative (Attorneys must file a Notice of Appearance to the Employee Relations Dept.)

\*\*\*To Complete Your Appeal You Must Attach a Copy of the Disciplinary Decision You are Appealing and Any Other Related Materials

In accordance with Rule 12 of the Personnel Board Rules and Regulations, I hereby request a hearing of the challenged disciplinary action set forth above to the Director of the Personnel Board of Jefferson County, and I represent that the information provided herein is true and accurate to the best of my knowledge.

Signature of Employee Date

AFTER YOU HAVE COMPLETED THIS FORM, PLEASE PRINT, SIGN, AND DATE, AND FILE YOUR APPEAL, ALONG WITH ANY ATTACHMENTS, WITH THE PERSONNEL BOARD EITHER IN PERSON, OR VIA EMAIL TO ER@PBJCAL.ORG.