

# KENTUCKY PERSONNEL BOARD

For Official Use Only

## APPEAL FORM

\*\*\*ALL APPEALS TO THE PERSONNEL BOARD MUST BE ON THIS FORM\*\*\*

This appeal to the Kentucky Personnel Board is hereby filed pursuant to the provisions of KRS Chapter 18A. The following information is provided as required by law.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN) (SOC. SEC. NO.)

HOME ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

WORK STATION ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE NO: (\_\_\_\_\_) \_\_\_\_\_ WORK STATION PHONE NO: (\_\_\_\_\_) \_\_\_\_\_

CABINET OR AGENCY: \_\_\_\_\_

NAME OF APPOINTING AUTHORITY: \_\_\_\_\_

REPRESENTED BY ATTORNEY: \_\_\_\_\_ NO \_\_\_\_\_ YES

ATTORNEY'S NAME, ADDRESS AND PHONE NO: \_\_\_\_\_

I AM A: (Check One) \_\_\_\_\_ Classified employee \_\_\_\_\_ Unclassified employee  
\_\_\_\_\_ Applicant for employment \_\_\_\_\_ Eligible on register

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box or boxes)

\_\_\_\_\_ DISMISSAL \_\_\_\_\_ DEMOTION \_\_\_\_\_ SUSPENSION \_\_\_\_\_ LAYOFF

\_\_\_\_\_ DISCIPLINARY FINE \_\_\_\_\_ INVOLUNTARY TRANSFER \_\_\_\_\_ REALLOCATION

\_\_\_\_\_ EMPLOYEE EVALUATION \_\_\_\_\_ RECLASSIFICATION \_\_\_\_\_ APPLICANT REJECTION

\_\_\_\_\_ DENIED, ABRIDGED OR \_\_\_\_\_ DISCRIMINATION Circle those that apply  
IMPEDED RIGHT TO INSPECT OR [race, color, religion, ethnic origin, sex,  
COPY RECORDS disability, political, age (over 40)]

\_\_\_\_\_ REMOVAL FROM REGISTER

OTHER PENALIZATION (Specify): \_\_\_\_\_

(OVER)

### **CLASSIFIED, ELIGIBLE OR APPLICANT, PREPARE THIS SECTION**

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing:

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**UNCLASSIFIED EMPLOYEE, PREPARE THIS SECTION**

The following is a short, plain, and concise statement of reason or cause given for dismissal or other penalization:

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DATE OF RECEIPT OF NOTICE OF APPEALED ACTION: (Attach a copy of any written notice which you received relating to this Appeal.) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTORNEY'S SIGNATURE (if any)

\_\_\_\_\_  
DATE

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**THIS FORM IS TO BE MAILED OR DELIVERED TO:**

**KENTUCKY PERSONNEL BOARD  
28 FOUNTAIN PLACE  
FRANKFORT, KENTUCKY 40601**