



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 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. certified mail 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. 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?

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 official station/work location:

Specific law, rule, or policy allegedly violated by agency:

Which of the following actions does the alleged violation result from? (check one)

Dismissal:

Demotion:

Suspension; *If suspension, number of days:*

Give a brief description of the reason for the appeal:

Board of Appeals action desired:



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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 agency:

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

Dismissal:

Demotion:

Suspension; *If suspension, number of days:*

Give a brief description of the reason for the appeal:

Board of Appeals action desired: