



# MERIT SYSTEMS PROTECTION BOARD FORM 185-1 APPEAL FORM—APPELLANT AND AGENCY INFORMATION

Please type or print legibly.

OMB No. 3124-0009

1. Name (last, first, middle initial)

2. Present address (number and street, city, State, and Zip code)

**You must notify the Board in writing of any change in your mailing address while your appeal is pending.**

Address:

Address:

City, State, Zip code:

3. Telephone Numbers (include area code) and E-Mail Address

**You must notify the Board in writing of any change in your telephone number(s) or e-mail address while your appeal is pending.**

Home: ( )

Work: ( )

FAX: ( )

Other: ( )

E-mail Address:

4. Do you wish to designate an individual or organization to represent you in this proceeding before the Board? (You may designate a representative at any time. However, the processing of your appeal will not normally be delayed because of any difficulty you may have in obtaining a representative.)

Yes (Complete and attach MSPB Form 185-9, Designation of Representative Form)

No

5. Name and address of the agency that took the action you are appealing (include bureau or division, street address, city, State and Zip code)

Agency Name:

Bureau:

Address:

Address:

City, State, Zip code:

6. Your employment status at the time of the action being appealed:

Permanent  Temporary  Term

Seasonal  Applicant  Retired

7. Type of appointment (if applicable):

Competitive  Excepted  SES

Postal Service  Other (describe):

8. Your position, title, grade, and duty station at the time of the action being appealed (if applicable) :

Position:

Title:

Grade:

Duty Station:

9. Are you entitled to veterans' preference?  
**See 5 U.S.C. 2108.**

Yes

No

10. Length of Government service (if applicable):

11. Length of service with acting agency (if applicable):

12. Were you serving a probationary or trial period at the time of the action being appealed?

Yes

No



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**HEARING:** If the Board determines that it has jurisdiction over the matter you are appealing, you may have a right to a hearing before an administrative judge. If you choose to have a hearing, the Board will notify you when and where it is to be held. If you do not want a hearing, the Board will make its decision on the basis of the submissions of the parties.

13. Do you want a hearing?  Yes  No

14. I certify that all of the statements made in this form and all attached forms are true, complete, and correct to the best of my knowledge and belief.

Appellant's signature:

Date:

Please check the appropriate box below for EACH FORM that you have attached to this form to complete your appeal. Please staple all attached forms to this form in the upper left hand corner.

- MSPB Form 185-2, Appeal of Agency Personnel Action or Decision (non-retirement)
- MSPB Form 185-3, Appeal of OPM or Agency Retirement Decision or Action
- MSPB Form 185-4A, Claims of Mistakes in Procedures or Violations of Law
- MSPB Form 185-4B, Claims of Prohibited Discrimination
- MSPB Form 185-4C, Claims of Prohibited Personnel Practices
- MSPB Form 185-5, Whistleblower Claims or Individual Right of Action (IRA) Appeal
- MSPB Form 185-6, Whistleblower Stay Request
- MSPB Form 185-7, USERRA Claims or USERRA Appeal
- MSPB Form 185-8, Veterans' Preference Claims or VEOA Appeal
- MSPB Form 185-9, Designation of Representative Form