



MERIT SYSTEMS PROTECTION BOARD FORM 185-8 VETERANS PREFERENCE CLAIMS OR VEOA APPEAL

Complete this form and attach it to MSPB Form 185-1 in either of the following situations:

- You are raising a claim—in connection with an appeal of an agency action or decision for which you have completed MSPB Form 185-2 or MSPB Form 185-3—that the agency violated a law or regulation relating to veterans' preference.
- You are filing a VEOA appeal. Such an appeal is one alleging that the agency violated a law or regulation relating to veterans' preference and is filed under the redress mechanism established by the Veterans Employment Opportunities Act (VEOA). Before you can file a VEOA appeal with the Board, you **MUST** first file a VEOA complaint with the Secretary of Labor and allow the Secretary at least 60 days to try to resolve the matter. See 5 U.S.C. 3330a through 3330c and 5 CFR Part 1208, Subparts A and C.

IMPORTANT: If the alleged veterans' preference violation is associated with a personnel action that is **NOT** directly appealable to the Board under a law, rule, or regulation—such as non-selection for a position for which you applied, proceeding under the VEOA is your only option. If the alleged violation is associated with a personnel action that **IS** directly appealable to the Board under a law, rule, or regulation—such as a separation or demotion in a reduction in force (RIF), you may **CHOOSE** to proceed under the VEOA or to file an appeal of the personnel action directly with the Board. However, **YOU MAY NOT DO BOTH SIMULTANEOUSLY.**

If this is a VEOA appeal, your appeal will consist **ONLY** of a completed MSPB Form 185-1 and MSPB Form 185-8. (You may also attach MSPB Form 185-9 if you are designating a representative.) In a VEOA appeal, the Board may consider **ONLY** the claim that the agency violated a law or regulation relating to veterans' preference. It may not consider the merits of an agency action or decision associated with your claim of a veterans' preference violation, nor may it consider any claims other than the claim of a veterans' preference violation.

Please type or print legibly.

OMB No. 3124-0009

Please submit only the attachments requested in this form at this time. You will be afforded the opportunity to submit detailed evidence in support of your appeal later in the proceeding.

Name (last, first, middle initial)

1. Explain how you qualify for veterans' preference or provide evidence that you are a preference eligible. **See 5 U.S.C. 2108.**

2. What law or regulation relating to veterans' preference did the agency violate?

3. What was the date of the violation (month, day, year)?



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4. How was the law or regulation relating to veterans' preference violated?

ANSWER QUESTIONS 5 THROUGH 8 ONLY IF YOU ARE FILING A VEOA APPEAL

(You are filing a VEOA appeal if: (1) there is NO associated personnel action that is directly appealable to the Board under a law, rule, or regulation; or (2) there IS an associated personnel action that is directly appealable to the Board under a law, rule, or regulation, but you CHOOSE to file under the VEOA.)

5. Describe any agency action or decision associated with your claim of a veterans' preference violation. (Attach any proposal letter, decision letter, and/or SF-50 that you received in connection with this action or decision.)

6. What action would you like the Board to take in this case (i.e., what remedy are you asking for)?

7. Attach a copy of the VEOA complaint you filed with the Secretary of Labor. On what date did you file it (month, day, year)?

8. Check the applicable box below to indicate which of these conditions for filing a VEOA appeal with the Board you have satisfied.

- The Secretary of Labor has notified you that your VEOA complaint could not be resolved. (Attach a copy of the notice you received from the Secretary of Labor.) On what date did you **receive** the notice from the Secretary of Labor (month, day, year)?
- The Secretary of Labor has not resolved your VEOA complaint within the 60 days allowed under the VEOA. (Attach a copy of your notice to the Secretary stating your intent to appeal to the Board.) On what date did you **send** the notice to the Secretary of Labor (month, day, year)?