

# PART 1 - Appellant and Agency Information

Everyone must complete Part 1.

Please type or print legibly.

1. Name (last, first, middle)

Last  First  M. Initial

Please list your first name as it appears in your official personnel records. For example, if your first name is "William" on your official personnel records, please list it that way on the appeal form, not "Bill" or "Willy."

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

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

Address:

City:  State:  Zip Code:

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

**You must promptly 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:  Cell:

e-Mail Address:

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

Agency Name:

Bureau:

Address:

City:  State:  Zip Code:  Phone Number:

5. Your Federal employment status at the time of the action or decision you are appealing:

Permanent  Temporary  Term  
 Seasonal  Applicant  Retired  
 None

6. Type of appointment (if applicable):

Competitive  Excepted  
 Postal Service  SES  
 Other (describe):

7. Your position, title, grade, and duty station at the time of the action or decision you are appealing (if applicable):

Occupational Series or Cluster:  Position Title:   
Grade or Pay Band:  Duty Station:

8. Are you entitled to veteran's preference? See [5 U.S.C. § 2108](#).

Yes  No

9. Length of Federal service (if applicable):

Years  Months

10. Were you serving a probationary, trial, or initial service period at the time of the action or decision you are appealing?

Yes  No

11. **HEARING:** You may have a right to a hearing before an administrative judge. If you elect not to have a hearing, the administrative judge will make a decision on the basis of the submissions of the parties. Do you want a hearing?

Yes  No

Appeal Number: 2025A016694

Submission Date: Mar 21 2025 2:44PM

Confirmation Number: 10016736

MSPB Form 185, Page 2 (5/13)  
5 C.F.R. Parts 1201, 1208, and 1209

FOIA00001 of 18

**PART 2 - Agency Personnel Action or Decision (non-retirement)**

**Complete this part if you are appealing a Federal agency personnel action or decision other than a decision directly addressing your retirement rights or benefits.** This includes certain actions that might not otherwise be appealable to the Board: individual right of action (IRA) appeals under the Whistleblower Protection Act (WPA); appeals under the Uniformed Services Employment and Reemployment Rights Act (USERRA); or appeals under the Veterans Employment Opportunities Act (VEOA). An explanation of these three types of appeals is provided in **Appendix A**.

12. Check the box that best describes the agency **personnel action or decision** you are appealing. (If you are appealing more than one action or decision, check each box that applies.)

- |   |   |
|---|---|
| <input type="checkbox"/> VA SES Removal from civil service  | <input type="checkbox"/> VA SES Transfer to general schedule  |
| <input type="checkbox"/> Removal (termination after completion of probationary or initial service period)         | <input type="checkbox"/> Involuntary resignation  |
| <input type="checkbox"/> Termination during probationary or initial service period                                | <input type="checkbox"/> Involuntary retirement   |
| <input type="checkbox"/> Reduction in grade, pay, or band   | <input type="checkbox"/> Denial of within-grade increase  |
| <input type="checkbox"/> Suspension for more than 14 days   | <input type="checkbox"/> Furlough of 30 days or less  |
| <input type="checkbox"/> Failure to restore/reemploy/reinstate or improper restoration/reemployment/reinstatement | <input type="checkbox"/> Separation, demotion or furlough for more than 30 days by reduction in force (RIF) |
| <input type="checkbox"/> Negative suitability determination   | <input type="checkbox"/> Other action (describe):   |
- 

13. Date you received the agency's final decision letter (if any) (MM/DD/YYYY):

14. Effective date (if any) of the agency action or decision (MM/DD/YYYY):

15. Prior to filing this appeal, did you and the agency mutually agree in writing to try to resolve the matter through an alternative dispute resolution (ADR) process?

- Yes (**attach a copy of the agreement**)       No

16. Explain briefly why you think the agency was wrong in taking this action, including whether you believe the agency engaged in harmful procedural error, committed a prohibited personnel practice, or engaged in one of the other claims listed in **Appendix A**. **Attach the agency's proposal letter, decision letter, and SF-50, if available.** Attach additional sheets if necessary (bearing in mind that there will be later opportunities to supplement your filings).

**PART 2 - Agency Personnel Action or Decision (non-retirement) (continued)**

17. With respect to the agency personnel action or decision you are appealing, have you, or has anyone on your behalf, filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement?

Yes  No

If "Yes," **attach a copy of the grievance**, enter the date it was filed, and enter the place where it was filed if different from your answer to question 4 in Part 1.

Agency Name:  Date Filed (MM/DD/YYYY):

Bureau:

Address:

City:  State:  Zip Code:

If a decision on the grievance has been issued, **attach a copy of the decision** and enter the date it was issued (MM/DD/YYYY):

Date Issued (MM/DD/YYYY):

**Answer Question 18 ONLY if you are filing an IRA appeal.**

18. If you filed a whistleblowing complaint with the Office of Special Counsel (OSC), provide the date on which you did so and the date on which OSC made a decision or terminated its investigation, if applicable. **Attach copies of your complaint and OSC's termination of investigation letter**, notifying you of your right to seek corrective action from the Board.

Date Filed (MM/DD/YYYY):

Date of OSC decision or termination of investigation (MM/DD/YYYY):

**Answer Question 19 ONLY if you are filing a USERRA or VEOA appeal.**

19. If you filed a complaint with the Department of Labor (DOL), list the date on which you did so, and **attach a copy of your complaint**. If DOL has made a decision on your complaint, list the date of this decision, and **attach a copy of it**. If DOL has not made a decision on your complaint within 60 days from the date you filed it, state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date Filed (MM/DD/YYYY):

Has DOL made a decision on your complaint?

Yes  No

If "Yes," enter the date it was made. If "No", state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date of DOL decision (MM/DD/YYYY):

Notified DOL of your intent to file an appeal with the Board?



## PART 5 - Certification

27. I certify that all of the statements made in this form and any attachments are true, complete, and correct to the best of my knowledge and belief.

James Eisenmann

03/21/2025

\_\_\_\_\_  
Signature of Appellant or Representative

\_\_\_\_\_  
Date (MM/DD/YYYY)

### Privacy Act Statement

*This form requests personal information that is relevant and necessary to reach a decision in your appeal. The Merit Systems Protection Board collects this information in order to process appeals under its statutory and regulatory authority. Because your appeal is a voluntary action, you are not required to provide any personal information to the Merit Systems Protection Board in connection with your appeal. Conceivably, failure to provide all information essential to reaching a decision in your case could result in the dismissal or denial of your appeal.*

*Decisions of the Merit Systems Protection Board are available to the public under the provisions of the Freedom of Information Act and are posted to the Merit Systems Protection Board's public website. Some information about the appeal also is used in depersonalized form for statistical purposes. Finally, information from your appeal file may be disclosed as required by law under the provisions of the Freedom of Information Act and the Privacy Act. See 5 U.S.C. §§ 552, 552a.*

### Public Reporting Burden

*The public reporting burden for this collection of information is estimated to vary from 20 minutes to 4 hours, with an average of 60 minutes per response, including time for reviewing the form, searching existing data sources, gathering the data necessary, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of the Clerk of the Board, Merit Systems Protection Board, 1615 M Street, N.W., Washington, DC 20419 or by e-mail to [mspb@mspb.gov](mailto:mspb@mspb.gov).*

**Appeal Number:** 2025A016694  
**Submission Date:** Mar 21 2025 2:44PM  
**Confirmation Number:** 10016736

MSPB Form 185, Page 7 (5/13)  
5 C.F.R. Parts 1201, 1208, and 1209  
Page 9 of 18

# U.S. Merit Systems Protection Board

## Appeal Attachment List

Appeal Number: 2025A016694  
Appellant Name: Tara Twomey  
MSPB Office of Filing: Department of Justice

Attachments Included with e-filed Appeal	
Name of Attachment	File Name
Uploaded Appeal	2025 03 21 Twomey MSPB Initial Appeal.pdf
Designation of Representative Form	2025 03 13 Twomey POA (signed).pdf

Attachments To Be Sent Separately by Hard Copy Submission	
Name of Attachment	Submission Method

All hard copy attachments should be submitted with the transmittal sheet below so they can be properly affiliated with the appeal by MSPB.

### PART 1 - Appellant and Agency Information

Everyone must complete Part 1.

Please type or print legibly.

1. Name (last, first, middle initial)

Last Twomey First Tara M. Initial

Please list your first name as it appears in your official personnel records. For example, if your first name is "William" on your official personnel records, please list it that way on the appeal form, not "Bill" or "Willy."

2. Present address (number and street, city, state, and ZIP code)

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

Address: (b)(6)

City: (b)(6) State: (b)(6) ZIP Code: (b)(6)

3. Telephone numbers (include area code) and email address

You must promptly notify the Board in writing of any change in your telephone number(s) or email address while your appeal is pending.

Cell: (b)(6) Home: Work: Fax:

Email Address: (b)(6)@me.com

4. Name and address of the agency that took the action or made the decision you are appealing (include bureau or division, street address, city, state and ZIP code)

Agency Name: Department of Justice

Bureau: Office of U.S. Trustees, Executive Office of the Director

Address: 441 G Street, NW

Phone Number:

City: Washington State: DC ZIP Code: 20226 2023071391

5. Your Federal employment status at the time of the action or decision you are appealing:

Permanent Temporary Term Seasonal Applicant Retired None

6. Type of appointment (if applicable):

Competitive Excepted Postal Service SES Other (describe):

7. Your position, title, grade, and duty station at the time of the action or decision you are appealing (if applicable):

Occupational Series or Cluster: 0905 Position Title: Director Grade or Pay Band: SES Duty Station: Washington, DC

8. Are you entitled to veteran's preference? See 5 U.S.C. § 2108.

(b)(6) Yes (b)(6) No

9. Length of Federal service (if applicable):

2 Years .3 Months

10. Were you serving a probationary, trial, or initial service period at the time of the action or decision you are appealing?

Yes No

11. HEARING: You may have a right to a hearing before an administrative judge. If you elect not to have a hearing, the administrative judge will make a decision on the basis of the submissions of the parties. Do you want a hearing?

Yes No

**PART 2 - Agency Personnel Action or Decision (non-retirement)**

**Complete this part if you are appealing a Federal agency personnel action or decision other than a decision directly addressing your retirement rights or benefits.** This includes certain actions that might not otherwise be appealable to the Board: individual right of action (IRA) appeals under the Whistleblower Protection Act (WPA); appeals under the Uniformed Services Employment and Reemployment Rights Act (USERRA); or appeals under the Veterans Employment Opportunities Act (VEOA). An explanation of these three types of appeals is provided in **Appendix A**.

12. Check the box that best describes the agency **personnel action or decision** you are appealing. (If you are appealing more than one action or decision, check each box that applies.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Removal (termination after completion of probationary or initial service period) | <input type="checkbox"/> Involuntary resignation  |
| <input type="checkbox"/> Termination during probationary or initial service period                                   | <input type="checkbox"/> Involuntary retirement   |
| <input type="checkbox"/> Reduction in grade, pay, or band  | <input type="checkbox"/> Denial of within-grade increase  |
| <input type="checkbox"/> Suspension for more than 14 days  | <input type="checkbox"/> Furlough of 30 days or less  |
| <input type="checkbox"/> Failure to restore/reemploy/reinstate or improper restoration/reemployment/reinstatement    | <input type="checkbox"/> Separation, demotion or furlough for more than 30 days by reduction in force (RIF) |
| <input type="checkbox"/> Negative suitability determination  | <input type="checkbox"/> Other action (describe):   |
|  | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>                                     |

13. Date you received the agency's final decision letter (if any) (MM/DD/YYYY):

03/07/2025

14. Effective date (if any) of the agency action or decision (MM/DD/YYYY):

03/07/2025

15. Prior to filing this appeal, did you and the agency mutually agree in writing to try to resolve the matter through an alternative dispute resolution (ADR) process?

- Yes (*attach a copy of the agreement*)       No

16. Explain briefly why you think the agency was wrong in taking this action, including whether you believe the agency engaged in harmful procedural error, committed a prohibited personnel practice, or engaged in one of the other claims listed in **Appendix A**. **Attach the agency's proposal letter, decision letter, and SF-50, if available.** Attach additional sheets if necessary (bearing in mind that there will be later opportunities to supplement your filings).

See attached narrative



**PART 2 - Agency Personnel Action or Decision (non-retirement, continued)**

17. With respect to the agency personnel action or decision you are appealing, have you, or has anyone on your behalf, filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement?

Yes  No

If "Yes," **attach a copy of the grievance**, enter the date it was filed, and enter the place where it was filed if different from your answer to question 4 in Part 1.

Agency Name:  Date Filed (MM/DD/YYYY):

Bureau:

Address:

City:  State:  ZIP Code:

If a decision on the grievance has been issued, **attach a copy of the decision** and enter the date it was issued.

Date Issued (MM/DD/YYYY):

**Answer Question 18 ONLY if you are filing an IRA appeal.**

18. If you filed a whistleblowing complaint with the Office of Special Counsel (OSC), provide the date on which you did so and the date on which OSC made a decision or terminated its investigation, if applicable. **Attach copies of your complaint and OSC's termination of investigation letter** notifying you of your right to seek corrective action from the Board.

Date Filed (MM/DD/YYYY):

Date of OSC decision or termination of investigation (MM/DD/YYYY):

**Answer Question 19 ONLY if you are filing a USERRA or VEOA appeal.**

19. If you filed a complaint with the Department of Labor (DOL), list the date on which you did so, and **attach a copy of your complaint**. If DOL has made a decision on your complaint, list the date of this decision, and **attach a copy of it**. If DOL has not made a decision on your complaint within 60 days from the date you filed it, state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date Filed (MM/DD/YYYY):

Has DOL made a decision on your complaint?

Yes  No

If "Yes," enter the date it was made. If "No," state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date of DOL decision (MM/DD/YYYY):

Notified DOL of your intent to file an appeal with the Board?

### PART 3 - OPM or Agency Retirement Decision

Complete this part if you are appealing a decision of the Office of Personnel Management (OPM) or other Federal agency directly addressing your retirement rights or benefits.

20. In which retirement system are you enrolled?

CSRS       CSRS Offset       FERS

Other, *describe*:

21. Are you a:

Current Employee       Annuitant

Surviving Spouse

Other, *describe*:

22. If retired, date of retirement, or if unknown, approximate date:

Date Retired (MM/DD/YYYY):

23. Describe the retirement decision you are appealing.

24. Have you received a final or reconsideration decision from OPM or another Federal agency?

Yes (***attach a copy***)       No

If "Yes," on what date did you receive the decision?

Date Received (MM/DD/YYYY):

Provide the OPM claim number (CSA or CSF) in your appeal:

OPM Claim Number:

25. Explain briefly why you think OPM or another Federal agency was wrong in making this decision.

## PART 4 - Designation of Representative

26. Has an individual or organization agreed to represent you in this proceeding before the Board? (You may designate a representative at any time. However, it is unlikely that the appeals process will be delayed for reasons related to obtaining or maintaining representation. Moreover, you must promptly notify the Board in writing of any change in representation.)

Yes (*complete the information below and sign*)                       No

**DESIGNATION:**

"I hereby designate James M. Eisenmann to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf. In addition, I specifically delegate to my representative the authority to settle this appeal on my behalf. **I understand that any limitation on this settlement authority must be filed in writing with the Board.**"

<p><i>Representative's address (number and street, city, state and ZIP code)</i></p> <p>Address: <input style="width: 90%;" type="text" value="Alden Law Group, PLLC&lt;br/&gt;1850 M Street, NW&lt;br/&gt;Suite 901"/></p> <p>City: <input style="width: 80%;" type="text" value="Washington"/></p> <p>State: <input style="width: 40%;" type="text" value="DC"/>      ZIP Code: <input style="width: 40%;" type="text" value="20036"/></p>	<p><i>Representative's telephone numbers (include area code) and email address</i></p> <p>Office: <input style="width: 60%;" type="text" value="202-463-0300"/></p> <p>Fax: <input style="width: 60%;" type="text"/>      Other: <input style="width: 60%;" type="text"/></p> <p>Email Address: <input style="width: 90%;" type="text" value="jeisenmann@aldenlg.com"/></p>
--	---

**SIGN BELOW TO MAKE YOUR DESIGNATION OF REPRESENTATIVE EFFECTIVE**

*tara twomey*

---

Appellant's Signature

03/21/2025

---

Date (MM/DD/YYYY)

**PART 5 - Certification**

27. I certify that all of the statements made in this form and any attachments are true, complete, and correct to the best of my knowledge and belief.

*James M. Eisenmann*

\_\_\_\_\_  
Signature of Appellant or Representative

03/21/2025

\_\_\_\_\_  
Date (MM/DD/YYYY)

**U.S. MERIT SYSTEMS PROTECTION BOARD  
WASHINGTON REGIONAL OFFICE**

TARA TWOMEY,	)	
	)	
Appellant,	)	
	)	
v.	)	Docket No. _____
	)	
U.S. DEPARTMENT OF JUSTICE,	)	AJ: TBD
	)	
Agency.	)	
	)	

**ADVERSE ACTION APPEAL**

**Introduction**

This appeal involves a clear violation of law by the U.S. Department of Justice when on March 7, 2025, the Department fired Tara Twomey without providing her the pre-termination process to which she was entitled. In doing so, the Department of Justice violated the U.S. Constitution and federal law.

The Department of Justice’s March 7, 2025, memorandum summarily terminating Ms. Twomey’s federal employment states that the Department fired Ms. Twomey “[p]ursuant to Article II of the Constitution and laws of the United States ....” See attached Notice Removal from the Senior Executive Service. The Department of Justice termination memorandum makes no allegation of any alleged misconduct on the part of Ms. Twomey. The Department of Justice’s denial of Ms. Twomey’s constitutional and other legal rights cannot stand.

The relevant details of the instant appeal follow.

**Background**

1. The Appellant is Tara Twomey.
2. The Agency is the Department of Justice (“the Agency” or “the Department”).

3. Ms. Twomey was hired as the Director, Executive Office for U.S. Trustees, career SES, on February 26, 2023. During her tenure as Director her performance was Outstanding. Prior to her termination, Ms. Twomey successfully completed a one-year SES probationary period.

Adverse action

4. The adverse action appealed is a summary removal, effective March 7, 2025. On March 7, 2025, Chris Hartle, Assistant Director, Security and Emergency Planning Staff hand-delivered a termination notice to Ms. Twomey which stated in pertinent part:

This memorandum serves as official notice that you are removed from your Senior Executive Service (SES) position of Director, United States Trustee Program, and from federal service, effective immediately. Pursuant to Article II of the Constitution and laws of the United States, your employment with the Department of Justice is hereby terminated.

*See Notice.* The termination notice was signed by the Deputy Attorney General, Todd Blanche. Prior to Ms. Twomey's termination, the Agency did not provide Ms. Twomey any notice of a proposed termination or an opportunity to respond to such a notice.

5. At the time the Agency summarily removed Ms. Twomey, she was an "employee" pursuant to 5 U.S.C. § 7541, *et seq.* As such, she could be terminated from her SES position and federal employment "... *only* for misconduct, neglect of duty, malfeasance, or failure to accept a directed reassignment or to accompany a position in a transfer of function." See, 5 U.S.C. § 7543(a) (emphasis supplied). The Agency has cited none of those conditions in terminating Ms. Twomey's federal employment. Further, the Agency removed Ms. Twomey from her federal employment without affording her the Due Process rights to which she was entitled under 5 U.S.C. § 7543.

6. The removal action is improper because:
  - a. Ms. Twomey was an employee under 5 U.S.C. § 7541, et seq. at the time of her removal. Because the Agency failed to provide Ms. Twomey pre- and post-removal rights, the summary removal violated the U.S. Constitution and 5 U.S.C. Chapter 75.
  - b. The Agency did not terminate Ms. Twomey for any of the reasons required in 5 U.S.C. § 7543(a) and did not comply with the process required by 5 U.S.C. § 7543(b), and the removal is otherwise inconsistent with law, rule, or regulation.

#### Affirmative defense

7. Fifth Amendment to U.S. Constitution: Pursuant to 5 U.S.C. § 7541 and § 7543, Ms. Twomey had a property interest in continued employment with the Agency. As such, pursuant to 5 U.S.C. § 7543 and the Fifth Amendment, the Agency was required to provide Ms. Twomey notice of the proposed removal, an opportunity to respond to the proposed removal notice, a written decision and an opportunity to appeal a removal decision to the U.S. Merit Systems Protection Board. The Agency's summary removal of Ms. Twomey without pre-termination process violated the Due Process clause of the Fifth Amendment to the U.S. Constitution.

#### Remedies requested

8. Ms. Twomey requests the following remedies:
  - a. Rescission of the removal;
  - b. Retroactive reinstatement with back pay, interest, and benefits;
  - c. Reimbursement of full and reasonable attorney fees and costs;
  - d. All other relief that will provide Ms. Twomey with make-whole relief; and

- e. Any other relief deemed appropriate.
- 9. The name, address, and telephone number of Ms. Twomey's counsel are noted below.
- 10. Neither Ms. Twomey nor anyone acting on her behalf has filed a grievance or a formal discrimination complaint with any agency regarding this matter.
- 11. **AN IN-PERSON HEARING IS HEREBY REQUESTED.**
- 12. This appeal is timely filed pursuant to 5 C.F.R. § 1201.22(b)(1).

Date: March 21, 2025

Respectfully submitted,



---

James M. Eisenmann  
Kristin D. Alden

ALDEN LAW GROUP, PLLC  
1850 M Street, NW  
Suite 901  
Washington, DC 20036  
(202) 463-0300 (phone)  
(202) 463-0301 (fax)

*Attorneys for Appellant*



Referred To DOJ



# ALDEN LAW GROUP, PLLC

KRISTIN D. ALDEN (DC, MD, VA)  
MICHELLE BERCOVICI (DC, MD)  
JAMES M. EISENMANN (DC, MD)

ROSS FISHBEIN (DC, MD)  
BENJAMIN SMITH (DC)  
SHOMAR SEARCHWELL (DC)

PHILIP A. MUELLER OF COUNSEL (DC, MD)

## POWER OF ATTORNEY

This is to certify that I,

Tara Twomey

I hereby grant the ALDEN LAW GROUP, PLLC attorneys at law, 1850 M St., NW, Suite 901, Washington, DC 20036, POWER OF ATTORNEY to act for and on my behalf in all matters coincidental to my case, including the right to have access to records pertaining to me which are contained in records, reports, investigations, examinations or system(s) of records maintained by any agency or office of the Government of the United States, any state government, any municipal government, or any other governmental entity, including documents and records otherwise protected from disclosure under the Privacy Act, 5 U.S.C. § 552a.

03/14/25  
Date

*tara twomey*  
Tara Twomey