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Instructions and Information

Instructions For Completing Your Appeal

MSPB's Authority to Review Employment Related Actions or Decisions

The Merit Systems Protection Board's (MSPB or the Board) legal authority (jurisdiction) to review employment-related actions or decisions is limited to those matters specifically entrusted to it by law, rule, or regulation. A listing of matters over which the Board has jurisdiction can be found in the Board's regulations at 5 C.F.R. § 1201.3. The administrative judge assigned to your case will determine whether the Board has jurisdiction over the particular circumstances of your appeal.

Where to Obtain Additional Information

Much more information about the adjudication of appeals before the MSPB, including the Board's regulations, may be found at the Board's website: www.mspb.gov. The Board's regulations are also published in the Code of Federal Regulations, 5 C.F.R. Part 1200 et seq., available in many libraries.

Time Limits for Filing an Appeal

You must file your appeal within *30 calendar days* of the effective date, if any, of the action or decision you are appealing, or the date you received the agency's decision, whichever is later. If you are appealing an expedited removal or transfer from the SES at the Veterans Administration, your time limit is *7 calendar days* and cannot be extended. (Please note that Individual Right of Action (IRA), Uniformed Services Employment and Reemployment Rights (USERRA), and Veterans Employment Opportunities Act (VEOA) appeals have different time limits, as described in *Appendix A*). In limited circumstances, the 30-day filing time limit may be extended if you and the agency mutually agree in writing to try to resolve your dispute through an alternative dispute resolution process before you file an appeal. See 5 C.F.R. § 1201.22(b)-(c). The 30-day time limited may also be extended if you have previously filed a formal equal employment opportunity (EEO) complaint regarding the same matter, as described in *Appendix A*. The date of the filing is the date your appeal is postmarked, the date of the facsimile (fax) transmission, the date it is delivered to a commercial overnight delivery service, the date of receipt in the regional or field office if you personally deliver it, or the date of submission if you file your appeal electronically. *Do not delay filing your appeal merely because you do not currently have the documents requested in this form.*

Information on Required Fields

Wherever you see red asterisks, *, during the initial appeal interview process, this indicates a required field. For more information on required fields, see 5 C.F.R. § 1201.24.

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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
mspb@mspb.gov

I have read this statement and wish to continue. *

(•) Yes ( ) No

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.

I have read this statement and wish to continue. *

(•) Yes ( ) No

* **Indicates required field.**

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Appellant and Agency Information

Contact Information

The contact information below is pre-populated based on the information in your profile. You must promptly notify the MSPB in writing of any change in your contact information while you have a pending appeal. If any contact information is incorrect, return to My Profile to make changes and to generate a *Change of Contact Information Pleading* for any pending appeals. You will need to submit this pleading to MSPB and all parties to your appeal before filing a new appeal or additional pleadings.

Name and Address:
XXXX XXXX
XXXX
XXXX, TX 00000

Contact Information:
Email Address: XXXX.XXXX@yopmail.com
Cell Number: (000) 000-0000

☐ By checking this box, you certify that the information listed above is true and accurate to the best of your knowledge. *

* **Indicates required field.**

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Appellant and Agency Information

Agency Information

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

* Indicates required field.

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Appellant and Agency Information

Your Federal employment status at the time of the action or decision you are appealing: [?]

Type of appointment (if applicable): [?]

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 Applicable *

(•) Yes ( ) No

Duty Station City *

Duty Station State *

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

( ) Yes ( ) No

Length of Federal service (if applicable): [?]

Years

Months

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

( ) Yes ( ) No

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

* **Indicates required field.**

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Agency Action

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**. [?]

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.

Would you like to upload a completed Form 185? *
- ( ) Yes
- ( ) No

Please select whether to proceed to Part 2 or Part 3 *

* **Indicates required field.**

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Agency Action

In which retirement system are you enrolled? [?]

Are you a:

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

(mm/dd/yyyy)

Describe the retirement decision you are appealing.

2000 characters remaining

Have you received a final or reconsideration decision from OPM or another Federal agency? [?]

Yes No

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

4000 characters remaining

* Indicates required field.

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Agency Action

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.) *

- [ ] Denial of Within-Grade Increase
- [ ] Failure to Restore/Reemploy/Reinstate or Improper Restoration/Reemployment/Reinstatement
- [ ] Furlough of 30 Days or Less
- [ ] Involuntary Resignation
- [ ] Involuntary Retirement
- [ ] Negative Suitability Determination
- [ ] Reduction in Grade, Pay, or Band
- [ ] Removal (termination after completion of probationary or initial service period)
- [ ] Separation, Demotion or Furlough for More Than 30 Days by Reduction In Force (RIF)
- [ ] Suspension for More Than 14 Days
- [ ] Termination During Probationary or Initial Service Period
- [ ] VA SES Removal from Civil Service
- [ ] VA SES Transfer to General Schedule
- [ ] Other Action (describe):

- [ ] Administrative Law Judge Constructive Action
- [ ] Removal from Senior Executive Service to another Civil Service Position

* **Indicates required field.**

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Agency Action

Date you received the agency's final decision letter (if any) [?]

(mm/dd/yyyy)

Effective date (if any) of the agency action or decision *

(mm/dd/yyyy)

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? If yes, attach a copy of the agreement. * [?]

(•) Yes ( ) No

Please specify how you would like to deliver the ADR Agreement File: *

* Indicates required field.

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Agency Action

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. * [?]

2600 characters remaining

Please specify how you would like to deliver the Agency Proposal Letter:

Please specify how you would like to deliver the Decision Letter:

Please specify how you would like to deliver the SF-50:

* Indicates required field.

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Agency Action

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 provided previously in this application.

Please specify how you would like to deliver the Copy of Grievance:

Date Filed

(mm/dd/yyyy)

Agency Name

Bureau

Address

City

State

Zip

Please specify how you would like to deliver the Grievance Decision Letter:

Date Issued

(mm/dd/yyyy)

* Indicates required field.

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Agency Action

Are you seeking to submit a request for review of an arbitrator's decision, pursuant to 5 C.F.R. 1201.155? If Yes, you must submit a copy of the arbitrator's decision with this request.
Your request will be routed to the Office of the Clerk of the Board for review and docketing, if appropriate. *

(•) Yes ( ) No

Specify how you would like to deliver the Arbitrator's Decision *

Date Issued

(mm/dd/yyyy)

* Indicates required field.

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Agency Action

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.

Have you filed a whistleblowing complaint with the Office of Special Counsel (OSC)? * [?]

(•) Yes ( ) No

Please specify how you would like to deliver the OSC Complaint File: *

Date Filed *

(mm/dd/yyyy)

Did OSC terminate its investigation? *

(•) Yes ( ) No

Please specify how you would like to deliver the OSC Termination Letter: *

Date of OSC decision or termination of investigation *

(mm/dd/yyyy)

* Indicates required field.

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Agency Action

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.

Have you filed a complaint with the Department of Labor (DOL)? * [?]

(•) Yes ( ) No

Please specify how you would like to deliver the DOL Complaint Letter: *

Date Filed *

(mm/dd/yyyy)

Has DOL made a decision on your complaint? *

(•) Yes ( ) No

Please specify how you would like to deliver the DOL Decision Letter: *

Date of DOL decision *

(mm/dd/yyyy)

Have you notified DOL of your intent to file an appeal with the Board? *

( ) Yes ( ) No

* Indicates required field.

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Representation

Note: If you are completing the appeal interview as an appellant representative, answer the questions in the context of the appellant, not yourself.

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 ( ) No

Please specify how you would like to deliver the Designation of Representative Form: *

"I hereby designate

Representative First Name *

Representative Last Name *

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."

Country

Address (number and street)

Address Line 2

City

State

Zip

Representative's phone numbers (include area code) and e-mail address

Office

Cell

Fax

Email Address *

SIGN BELOW TO MAKE YOUR DESIGNATION OF REPRESENTATIVE EFFECTIVE

Appellant's Signature

Date

(mm/dd/yyyy)

* Indicates required field.

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Certification

Based on the information provided, your appeal will be submitted to the following MSPB Regional or Field Office (5 C.F.R. § 1201.4): *

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.

Signature of Appellant or Representative *

Date *

(mm/dd/yyyy)

* Indicates required field.

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