

Appeal to the Merit Appeals Board

Please refer to "Information on Filing Appeals with the Merit Appeals Board" for added information on what may be appealed to the Board and who is eligible to appeal

Name _____
Address _____

Phone _____
(daytime)

Instructions:

1. Complete Section A, B *or* C (check the boxes to identify the action(s) you wish to appeal).
2. Complete sections D, E, F *and* G.
3. Attach copies of all documents requested in D 1 and E.
4. Mail or deliver the **original and six copies** to the Merit Appeals Board.

A - The following types of actions can be appealed by any person applying for a civil service job in the State government

1. Recruitment/Application Actions (all aspects of responding to a vacancy announcement and filing an employment application)
 - Rejection of my application because the filing date had closed
 - Other (identify in D-1)
2. Examination Actions:
 - The ruling that I do not meet qualification requirements
 - The ruling that I do not meet suitability requirements
 - Test results (if applicable)
 - Interview and/or interview results
 - Non-selection for position
 - Other (identify in D-1)

Show the title of the job for which you applied _____

3. Termination during my initial probationary period

B - The following types of actions can only be appealed by current employees of the State who occupy a civil service position:

4. Classification action on my position (existing civil service employees only)
5. Initial pricing of the class to which my position is assigned (existing civil service employees only)

C - The following types of actions can only be appealed by employees in the employ of the State who occupy civil service positions and are excluded * from collective bargaining

6. Adverse actions taken by the employer
 - Suspension
 - Demotion
 - Dismissal/Discharge
 - Other (describe the action in Section D 1, below)

* Excluded from collective bargaining means a person who is barred from belonging to a bargaining unit by Chapter 89-6, Hawaii Revised Statutes, and therefore is not covered by a collective bargaining agreement.

D - Action you wish to appeal

1. Action taken (Attach copy of notice informing you of the action. If you did not receive a notice, identify the kind of action and the date of the action).

2. What do you believe to be incorrect or improper about this action?

3. What do you believe should have been done?

4. What action do you want the Board to take?

E - Attach a copy of the Internal Complaint form (or Request for Administrative Review) you submitted and the reply you received

F - If a union representative or other person will represent you, indicate the person's name, union or organization, mailing address and phone number

Name _____ Union/Organization _____

Address _____

Phone Number _____

G - If you are a State employee, indicate your job title and department

Title _____ Department _____

H- Signature and Date

_____ Signature

_____ Date

MAB use only

Date Rec'd _____

Screened by _____

Accept

Reject

Notice of Receipt

To Appellant _____

To Respondent _____

Hearing Date _____

Notices Sent _____