

STEP 3 APPEAL TO THE STATE PERSONNEL BOARD

(THIS FORM TO ONLY BE USED FOR POSITIONS COVERED BY THE PERSONNEL RULES)

TO: **DAS-Employee Relations**
1526 K Street, Suite 120
P. O. Box 95061
Lincoln, Neb. 68509

FROM:

AGENCY:

1. I am appealing the grievance recorded on the attached Grievance Record form to the Nebraska State Personnel Board.
2. Names and titles of witnesses to appear before the Board on behalf of the Appellant:
3. Identification of written material to be submitted by the Appellant:

Employee Signature _____ Date _____
(EMPLOYEE'S SIGNATURE MUST APPEAR HERE)

*THE PERSONNEL BOARD WILL EVALUATE YOUR APPEAL AS TO GRIEVABILITY,
AND DETERMINE WHETHER AN APPEAL HEARING WILL BE HELD.*

The original **Grievance Record** must be attached to this form. A copy of this Step 3 Appeal form **must** also be sent to the Agency Head.