

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF EMPLOYEE APPEALS



REPLY TO:
955 L'Enfant Plaza, S.W.
Suite 2500
Washington, DC 20024
(202)727-0004
FAX (202)727-5631

PETITION FOR APPEAL FORM

IMPORTANT NOTICE

Two (2) signed copies of this form must be filed with
THE OFFICE OF EMPLOYEE APPEALS
955 L'Enfant Plaza, SW
Suite 2500
WASHINGTON, DC 20024
202-727-0004
(Fax) 202-727-5631

INSTRUCTIONS

1. Please follow these instructions carefully. Please type or print legibly. Failure to do so could result in a dismissal of your appeal. You are required to use this form to file a petition for appeal.
2. The types of action that may be appealed to this Office are found in D.C. official Code §1-606.03(a) which states in pertinent part that: an employee may appeal a final agency decision (1) affecting a performance rating that results in removal of the employee; (2) an adverse action for cause that results in removal, a reduction in grade, a suspension for 10 days or more or placement on enforced leave for 10 days or more; or (3) a reduction-in-force.
3. If you belong to a union, you might be covered by a collective bargaining agreement that affects your ability to file an appeal with this Office. Nevertheless, you may file your appeal with this Office if you would like for an Administrative Judge to determine whether this Office has jurisdiction.
4. This form requires you to provide personal information that is necessary for this Office to process your appeal. Since filing this appeal is a voluntary action, you are not required to provide personal information. However, if you do not provide all information requested, your appeal may be dismissed without further action or review.
5. The written decisions and orders issued by this Office are available to the public under the Freedom of Information Act. All information submitted to the Office shall become part of the record in the employee's case. All records are considered property of this Office and the FOIA officer will determine whether any information contained within the record may be disclosed.
6. If we need to contact you, we will do so by regular mail sent via the United States Postal Service. If the correspondence is not returned to this office, it is presumed received. **It is your responsibility to keep this Office informed of changes in address or telephone numbers. If you do not receive official notices because this Office does not have your current address, your appeal may be dismissed for failure to respond to the notice.**
7. **YOU MUST FILE TWO (2) COPIES OF THIS FORM.** You may file this form: (1) in person, Monday through Friday between the hours of 9:00 a.m. and 5:30 p.m. (except on District Government holidays); or (2) by mail at Office of Employee Appeals, 955 L'Enfant Plaza, SW, Suite# 2500, Washington, DC 20024. BE CERTAIN TO SIGN THE FORM. **Alternatively**, you may email your Petition for Appeal to oca.filing@dc.gov.

8. NOTE: FAILURE TO COMPLY WITH THIS OFFICE'S RULES AND REGULATIONS MAY RESULT IN THE DISMISSAL OF YOUR APPEAL.

9. If you are appealing a RIF, complete sections A, B, D and E. For appeals of adverse actions, complete sections A, B and C. Be sure to file your appeal within the timeframe stipulated in the notice you received. Attach copies of any correspondence that you received from the agency pertaining to your appeal. In any event, file your petition for appeal within thirty (30) calendar days of the effective date of agency's action.

SECTION A: PERSONAL INFORMATION

(This section must be completed)

- 1. TITLE: Mr. Ms. Mrs. Miss. Dr. (Circle one)
- 2. LAST NAME: _____
- 3. FIRST NAME: _____
- 4. STREET ADDRESS: _____

- 5. CITY/STATE/ZIP CODE: _____
- 6. PHONE NUMBER(S)/CONTACT INFORMATION:
 - (Home): _____
 - (Work): _____
 - (Cell): _____
 - (Email): _____

THIS BOX FOR OEA USE ONLY

DATE OF RECEIPT

POSTMARK DATE

OEA MATTER NUMBER

SECTION B: YOUR EMPLOYMENT HISTORY

(This section must be completed)

- 7. A. NAME OF AGENCY: _____
- B. ADDRESS OF AGENCY: _____
- 8. A. WHAT IS YOUR POSITION TITLE? _____
- B. HOW LONG HAVE YOU HELD THIS POSITION? _____
- 9. WHAT IS YOUR GRADE/STEP/SALARY? _____
- 10. HOW LONG HAVE YOU HAD THIS GRADE/STEP/SALARY? _____
- 11. HOW LONG HAVE YOU WORKED FOR THE GOVERNMENT? _____
 - District Government: _____
 - Federal Government: _____
- 12. WHAT TYPE OF SERVICE DO YOU HAVE? (Circle one)
 - CAREER EXCEPTED EDUCATIONALDON' T KNOW
 - OTHER: _____

13. WHAT TYPE OF APPOINTMENT DO YOU HAVE? (Circle one)

PERMANENT TERM TEMPORARY PROBATIONARY
DON'T KNOW OTHER: _____

SECTION C: AGENCY ACTION

(If you are appealing a Reduction-in-Force ("RIF"), go to page 5)

14. Briefly describe the action you want to appeal. Why do you think the Agency was wrong in taking this action? You may attach continuation sheets, as well as any relevant documents, memos, letters, forms, etc.

15. When did the Agency propose taking this action (month, date, year)? _____

16. Did the Agency hold a hearing? _____ Yes _____ No If "Yes" when? _____

17. When did you receive written notice of the final decision (month, date, year)? _____
(Attach a copy of the proposed notice and the final decision letter)

18. What was the effective date of the Agency's action? _____

19. What relief are you seeking, i.e., what do you want this Office to do?

20. At the time of the Agency's action, were you a member of a collective bargaining unit (union)?
_____ Yes _____ No If "Yes", which unit? : _____

21. At the time of the Agency's action, were you serving a probationary or trial period with the Agency?
_____ Yes _____ No

SECTION D: REDUCTION-IN-FORCE (RIF)

Complete this page only if you are appealing from a reduction-In-Force ("RIF"). Your Agency's personnel office can furnish you with most of the information requested below

22. Your Tenure Group: _____

23. Your service computation Date _____

24. What was the month/date/year of the RIF notice? _____

25. What month/date/year was the RIF effective? _____

26. Were you offered another position? _____ Yes _____ No

 If "Yes", did you accept the position? _____ Yes _____ No

27. If you were offered another position and you accepted the position, please complete the following information:

A. Title of position you were offered: _____

B. Grade and Salary of position you were offered: _____

C. Location of position you were offered: _____

D. Type of Service you were offered: (Circle one)

CAREER EXCEPTED EDUCATIONAL MSS DON'T KNOW

OTHER: _____

E. Type of Appointment you were offered: (Circle one)

PERMANET TERM TEMPORARY PROBATIONARY DON'T KNOW

OTHER: _____

28. Explain why you believe that your position should not have been abolished. For example, were you placed in the wrong tenure group? Was an error made in the computation of your service computation date? Was the competitive level too narrow? The forgoing are just examples. Please provide as much information as possible as to why the Agency made a mistake. You may write on the back of this page, attach continuation sheets, as well as any relevant document, memo(s), letters, and forms, etc.

SECTION E: OTHER

This section must be completed for all appeals

(You must sign this form in the space below)

29. Have you filed an appeal, grievance, or complaint with your Agency or with any other Agency concerning this matter?

_____ Yes _____ No

If you answered "Yes," when and where did you file? _____

If you answered "Yes," has a decision been issued? _____ Yes _____ No

If a decision was issued, when was it issued (date)? _____

If a decision was issued, who issued the decision? _____

30. Have you filed a discrimination complaint or a complaint of unfair labor practice with your Agency or may other Agency regarding this matter?

_____ Yes _____ No

If you answered "Yes," when and where did you file? _____

If you answered "Yes," has a decision been issued? _____ Yes _____ No

If a decision was issued, when was it issued (date)? _____

If a decision was issued, who issued the decision? _____

EMPLOYEE'S SIGNATURE (DO NOT PRINT)

DATE