



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF EMPLOYEE APPEALS

**SAFETY-SENSITIVE DESIGNATION APPEAL FORM**

**IMPORTANT NOTICE**

One (1) original and one (1) copy of the appeal must be filed either in person or via mail at:

OFFICE OF EMPLOYEE APPEALS  
955 L'Enfant Plaza, SW Suite 2500  
WASHINGTON, DC 20024  
202-727-0004

**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. Pursuant to D.C. Code §1-606.03a, an employee may appeal the determination of a personnel authority denying the employee's petition appealing a safety-sensitive position designation to the Office of Employee Appeals within 30 calendar days after the issuance of the personnel authority's determination.
3. An employee may not appeal a safety-sensitive designation solely because the employee failed a job-related drug test, or the employee is facing an adverse action related to the employee's failure to pass a job-related drug test. An employee may not appeal a safety-sensitive designation when the position is subject to random drug testing under federal law or as a condition of federal funding.
4. If you belong to a union, you might be covered by a collective bargaining agreement which may affect 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.
5. 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.
6. If any of the documentation that you provide contains personal identifying information such as a social security number, medical record number, etc., you are responsible to redact that information prior to filing the document. This Office is not responsible for redacting any personal identifying information.
7. The written decisions and orders issued by this Office are available to the public under the Freedom of Information Act (FOIA). 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. To protect all employees who file appeals with the Office, the employee's name will not appear in the written decisions.
8. If we need to contact you, we will do so via email and 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 your email address, mailing 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.**
9. **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 [oea.filing@dc.gov](mailto:oea.filing@dc.gov).
10. NOTE: FAILURE TO COMPLY WITH THIS OFFICE'S RULES AND REGULATIONS MAY RESULT IN THE DISMISSAL OF YOUR APPEAL.

11. Attach copies of any correspondence that you received from the agency and personnel authority pertaining to your appeal. You **MUST** file your safety-sensitive designation appeal with this Office within 30 calendar days after the issuance of the personnel authority's determination.

**SECTION A: PERSONAL INFORMATION**

**(This section must be completed)**

1. FIRST AND LAST NAME: \_\_\_\_\_
2. STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
3. CITY/STATE/ZIP CODE: \_\_\_\_\_
4. PHONE NUMBER(S)/CONTACT INFORMATION:  
  
(Home): \_\_\_\_\_  
(Work): \_\_\_\_\_  
(Cell): \_\_\_\_\_
5. EMAIL ADDRESS: \_\_\_\_\_

**THIS BOX FOR OEA USE  
ONLY**

\_\_\_\_\_  
**DATE OF RECEIPT**

\_\_\_\_\_  
**POSTMARK DATE**

\_\_\_\_\_  
**OEA MATTER NUMBER**

**SECTION B: SAFETY-SENSITIVE DESIGNATION**

**(This section must be completed)**

6. A. NAME OF AGENCY: \_\_\_\_\_
- B. ADDRESS OF AGENCY: \_\_\_\_\_
7. WHAT IS YOUR POSITION TITLE? \_\_\_\_\_

**SECTION C: PERSONNEL AUTHORITY ACTION**

8. Briefly describe why your position should not be designated safety sensitive. Why do you think the personnel authority was wrong in designating your position as safety sensitive? You may attach continuation sheets, as well as any relevant documents, memos, letters, forms, etc.

9. When did you receive written notice of the personnel authority's decision (month, day, year)? \_\_\_\_\_  
(Attach a copy of the personnel authority's written determination denying your petition and a copy of your position description)
10. What was the date that the personnel authority issued their written findings? \_\_\_\_\_
11. What relief are you seeking, i.e., what do you want this Office to do?
12. At the time of the Agency's action, were you a member of a collective bargaining unit (union)?  
\_\_\_\_ Yes \_\_\_\_ No If "Yes," which unit? \_\_\_\_\_
13. Have you failed an agency-related drug test? \_\_\_\_ Yes \_\_\_\_ No
14. If the answer is yes, when was the date of the failed drug test? \_\_\_\_\_
15. Are you facing an adverse action related to a failed drug test? \_\_\_\_ Yes \_\_\_\_ No
16. Are you employed in a safety-sensitive position that is subject to random drug testing under federal law or as a condition of federal funding? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE (DO NOT PRINT)

\_\_\_\_\_  
DATE