Colorado State Personnel System
Instructions for Completing Consolidated Appeal/Dispute Form

This form is required for all state personnel system appeals, whether the appeal is to the State Personnel Board or the State Personnel Director. Please provide complete and specific information in order to prevent any delay or dismissal of your appeal or dispute.

The filing deadline for appeals is as follows:

1. ten (10) calendar days from the date on which you received notice of the action being appealed;
2. ten (10) calendar days from the date of any exam being appealed; or,
3. five (5) business days from the date on which you receive the department's final written decision of a performance management dispute.

In determining whether your appeal is timely, the day you receive the notice or decision, or the day you take the exam, is not counted. For example, if a notice is received or an exam is held on the 15th of the month, the first day of the 10-day period is the 16th and the last day is the 25th. If the 10th day falls on a weekend or an official state holiday, the filing deadline is extended to the next business day. If the department decision on a performance management dispute is dated the 10th of the month and the 10th happens to fall on a Wednesday, and there are no holidays, Thursday the 11th is the first day of the five-day period and Wednesday the 17th is the last day (with Thursday the 11th, Friday the 12th, Monday the 15th, Tuesday the 16th and Wednesday the 17th being the business days).

An appeal or dispute may be filed by one of the following methods.

- Mailing to the State Personnel Board, 633 – 17th Street, Suite 1320, Denver, CO 80202-3604. The appeal/dispute **must** be postmarked on or before the last day of the filing period.
- Hand-delivering to the State Personnel Board, 633 – 17th Street, Suite 1320, Denver, CO 80202-3604, by close of business (5:00 p.m.) on or before the last day of the filing period.
- Faxing to the State Personnel Board at 303-866-5038 by close of business (5:00 p.m.) on or before the last day of the filing period. Your fax **must** be no longer than twenty (20) pages total.

DIRECTIONS FOR FILLING OUT THE FORM:

1. IDENTIFICATION OF EMPLOYEE/JOB APPLICANT (COMPLAINANT) SECTION

- **Complainant**. Enter your name, the address where you receive mail, the telephone number and your email address where you may be reached concerning this appeal. **All orders of the Board will only be sent to the email address you have provided, unless you have requested an exemption in writing. Please do not provide your work email address unless you currently have access to that account.** *It is your responsibility to notify the State Personnel Board or, if your matter is referred, the State Personnel Director, of any change in your contact information*. Failure to do so may result in dismissal of your action.
- **Certified status.** An employee who has completed the probationary or trial service period is certified.
- **Representative.** Please provide all contact information for your representative, including an email address, if you have a representative. Have the representative sign the form. Examples of representatives would be a lawyer or a representative from an employee organization. If your case goes to a hearing before one of the Board's administrative law judges, you must either represent yourself or have an attorney represent you. In performance management disputes, while both parties may have an advisor, they are expected to represent and speak for themselves.

2. THE PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED (RESPONDENT)

"Name" refers to the name of the person who took the action (signed the letter or notice). "Department" refers to the department or higher education institution whose action is being appealed or disputed.

3. SPECIFIC ACTIONS APPEALED OR DISPUTED and REASONS FOR APPEAL/DISPUTE

Describe briefly and specifically the action being appealed or disputed. Provide a brief explanation of why you are requesting review of this action. The action you are appealing or disputing can be overturned only if it is arbitrary, capricious, or contrary to rule or law. "Arbitrary or capricious" is defined as action that has no rational basis or no competent evidence to support it. "Contrary to rule or law" is defined as an action that violates a specific provision of law, policy, rule or procedure.

4. RELIEF REQUESTED

State what you want to happen as the result of your appeal or dispute. What do you want the Board or Director to order if you win your appeal or dispute? Be specific.

5. DATE OF RECEIPT OF NOTICE OF ACTION BEING APPEALED

The date you received notice is critical in establishing the timeliness of your right to appeal or dispute the action taken by the Respondent listed in Section 2 above. *You must attach a copy of the written notice or letter you received of the action you are appealing or disputing or state that you did not receive any written notice of the action taken by the Respondent listed in Section 2 above.*

6. TYPE OF APPEAL OR DISPUTE

Check off only those boxes that clearly apply to your situation. To see a copy of the Board Rules and Director's Administrative Procedures referenced in this section, go to one of the links listed below in "Additional Detailed Information". The following are definitions of terms that may be helpful:

Base Pay - Current monthly or hourly rate of pay, excluding overtime or premium pay.
Downward Position Allocation – Allocation to a class in a lower pay grade.
Examination Appeal – An appeal limited to the content or conduct of an examination.
Performance Management Dispute - Refers to the application of a department's performance management program to the individual employee's plan and/or final overall evaluation. An individual's final performance rating is not appealable to the State Personnel Director.
Status - Refers to probationary, certified, trial service, and other designations of "status" in state personnel rules. See Board Rule 1-73.
Tenure - Refers to rights associated with being a certified state employee, such as reemployment procedures after layoff.
Whistleblower – Retaliation for disclosure of information relating to the waste of public funds, abuse of authority, or mismanagement of any state agency.

7. SIGNATURE

The form must be signed by you or by your representative, if applicable. Also, be sure that the signer's name, address, telephone number and email address are printed legibly or typed in Section 1.

8. CERTIFICATE OF DELIVERY

You **must** deliver a copy of your appeal to the respondent, either in person or by first class mail, addressed exactly as you have given the respondent's address on Page 1. Specify whether the copy of the appeal was delivered by mail or hand, and the date it was postmarked or hand delivered, then sign.

WHAT TO EXPECT NEXT:

Staff will review your appeal or dispute and forward it to either the State Personnel Board or the State Personnel Director, as appropriate. You will receive a written response advising you of the next step in the process. If you do not receive a written response within 10 calendar days of filing your appeal or dispute, you may call to inquire about the status of your appeal or dispute. Please contact either the State Personnel Board at 303-866-3300 or the State Personnel Director at 303-866-2393.

ADDITIONAL DETAILED INFORMATION:

Forms and additional detailed information are available as follows:

1. Colorado State Personnel System Rules and Procedures, in particular Chapter 8, on the Internet at http://www.colorado.gov/cs/Satellite/DPA-SPB/SPB/1213608768055;
2. The State Personnel Board's website at http://www.colorado.gov/spb; or
3. The State Personnel Director's website at http://www.colorado.gov/dpa/dhr/

Additional forms include forms for the following:

1. Consolidated Appeal/Dispute Form;
2. Grievance(s); and
3. Whistleblower Complaints.