



BOARD OF PERSONNEL APPEALS

EMPLOYEE CLASSIFICATION & WAGE APPEAL

FORMAL APPEALS STEPS (Each step should be dated when initiated)

- I Date _____
- II Date _____
- III Date _____

Instructions: Fill out the form and follow the steps below. This form cannot be submitted to the Board of Personnel Appeals unless the first two steps are completed. A group appeal may be submitted prior to Step I for conditional approval. **The appeals procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.508. Any effort to impede the appeal process should be reported to the Board of Personnel Appeals.**

1. Name of Employee: _____
Last First Middle Initial

2. Home Address: _____ Work Phone: _____ Home Phone: _____
 Email Address: _____

3. Designated Representative (if any): _____

4. Present Classification: _____
 Classification Code: _____ Position Number: _____

5. Department: _____ Address (Building and Street) _____
 Division: _____ City: _____
 Bureau: _____ Room Number: _____ Business Phone: _____

Others in my work unit (section, bureau, division etc) may have a classification issue similar to mine _____ Yes _____ No

STEP I

I hereby invoke the formal appeals procedure guaranteed in Section 2-18-1011 MCA, as outlined in ARM 24.26.508. I certify that all facts stated here are correct to the best of my knowledge and belief.

Employee's Signature

Date

Discuss the reason for this appeal and possible solutions to the problem. A list of appealable issues is at the bottom of this form.

Continuance of the appeal – Submission to Department head/designee: _____
(Department Head has 15 working days to review the appeal.) Date received by Department: _____

Findings of the department head/designee:

*Note: The Employee has 15 working days to appeal to Step II

STEP II	Continuance of appeal - Submission to Department of Administration, State Personnel Division: <div style="text-align: right;">Date received by Department of Administration _____</div>
--------------------	--

Findings of the State Personnel Division: (State HR has 30 working days to review.)	Date appeal returned to Employee: _____ <div style="text-align: right;">Signature: _____ (Department head or Designee)</div>
*Note: The Employee has 15 working days to appeal to Step III	

STEP III	Continuance of appeal - submission to Board of Personnel Appeals for final resolution <div style="text-align: right;">Date received by the Board of Personnel Appeals _____</div>
---------------------	--

Findings and decision of the Board of Personnel Appeals:* (additional comments may be attached)	Date appeal returned to Employee: _____
--	---

**If there are any questions concerning appeal procedure, contact the
Board of Personnel Appeals,
PO Box 8011, Helena, MT 59604-8011, Telephone: (406)444-6543, Email: dlierbopa@mt.gov**

- APPEALABLE ISSUES**
- Pursuant to section 2-18-203(2), MCA, the pay band assigned to an occupation and benchmarks are not an appealable subjects. The appeal shall be described in terms of the following appealable issues:
- Substantial changes have occurred in this position to warrant reclassification. Specifically, this position should be allocated to (list band level and occupation title);
 - This position was incorrectly allocated to (list band level and occupation title) and should be allocated to (list band level and occupation title);
 - The classification rules have been incorrectly applied to this position (specific rule(s) should be cited);
 - "Other", but the issue must specifically relate to classification.