A Consolidated Appeal/Dispute Form is required for all state personnel system appeals, whether the appeal is to the State Personnel Board or the State Personnel Director.

PLEASE NOTE FILING DEADLINES FOR APPEALS:
1. Ten (10) calendar days from the date on which you received notice of the action being appealed; or
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.

How to determine if your appeal is timely:
Example—Ten calendar day deadline: 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 day of the month and the last day is the 25th. If day 10 falls on a weekend or an official state holiday, the filing deadline is extended to the next business day.
Example—Five business day deadline: 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 Friday the 12th is the second, Monday the 15th is the third, Tuesday the 16th is the fourth and Wednesday the 17th is the fifth business day of the five day period to file an appeal.

An appeal or dispute may be filed by one of the following methods:
• MAILING to the State Personnel Board, 1525 Sherman Street, 4th Floor, Denver, CO 80203. The appeal/dispute must be postmarked on or before the last day of the filing period.
• HAND DELIVERING to the State Personnel Board, 1525 Sherman Street, 4th Floor, Denver, CO 80203, 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.

INSTRUCTIONS FOR FILLING OUT THE FORM

1. Identification of Employee/Job Applicant (“Complainant”)
   • Complainant. Enter your name, your mailing address, your telephone number and your email address where you may be reached concerning this appeal. You must provide an email address where the Board can send you notices and orders, and where you will be able to receive them promptly after they are sent. If you do not have an email address, you must file a request in writing for permission to use only a U.S.P.S. mail address. 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. State whether you are a probationary or certified state employee. “Certified” is a state employee who has completed the probationary or trial service period.

2. Representative. If your case goes to a hearing before one of the Board’s administrative law judges, you may either retain legal counsel to represent you or you may represent yourself. If you retain an attorney, please provide the attorney’s name, address, email address, phone number and fax number.
3. The Party Whose Action is Being Appealed or Disputed (“Respondent”)

“Name” refers to the name of the person who took the action you want the Board to review. “Department/College” refers to the state department or higher education institution where you work(ed).

4. Specific Actions Appealed or Disputed and Reasons for Appeal/Dispute

Describe the action taken against you that you wish the Board to review. Please list the full name and title of the individual who took the action that you wish the Board to review.

5. Written Notification of Action

Please indicate if you received written notification of the action taken and the date the action was taken. An appeal is timely if it is received by the Board or postmarked within 10 days of the action. You must attach a copy of the written notice or letter you received for the action you are appealing or disputing. If you cannot provide a copy of the written notification, you must explain why you cannot do so.

6. Relief Requested

Indicate what you want if your appeal is successful. Please be specific.

7. Type of Appeal or Dispute

Check off only the boxes on the appeal/dispute form that clearly apply to your situation.

The following are definitions of additional terms that might relate to your appeal:

- **Base Pay** – Your current monthly or hourly rate of pay, excluding overtime or premium pay.
- **Downward Position Allocation** – Moved to a class in a lower pay grade.
- **Status** - Refers to categories that determine the rights of employees under the state personnel system such as probationary, certified or trial service.
- **Tenure** - Refers to rights associated with being a certified state employee, such as reemployment procedures after layoff.

8. **SIGNATURE**

The form must be signed by you or by your legal representative, if applicable.

9. **CERTIFICATE OF DELIVERY**

You must deliver a copy of your appeal to the respondent (Department or College), either in person or by first class mail, using the same address as you have provided on #3 of page 1. Specify whether the copy of the appeal was delivered by mail or by hand-delivery, and the date this occurred. Sign your name under this section.

**WHAT TO EXPECT NEXT:**

Your appeal/dispute will be reviewed and will either be forwarded to the State Personnel Board or to the State Personnel Director for further action 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 contact the State Personnel Board at 303-866-3300. For appeals with the State Personnel Director please call 303-866-2171.

**ADDITIONAL INFORMATION:**

Forms, Board Rules and Director’s Procedures and additional information are available on the State Personnel Board website [http://www.colorado.gov/spb](http://www.colorado.gov/spb) and the Department of Personnel Administration website [http://www.colorado.gov/dpa](http://www.colorado.gov/dpa).

Instructions for Completing Consolidated Appeal/Dispute Form rev Aug2014