Albany State University

Office of Human Resources

Board of Review Appeal Form

Dismissal, Demotion, or Suspension

Instructions

Use this form to request a hearing before the Board of Review to appeal a **dismissal, demotion, suspension, or salary reduction**. For all other workplace concerns, use the Notice of Employee Complaint form.

Who may file. A classified employee who has been dismissed, demoted, suspended, or had their salary reduced, under USG Policy 04.07 Grievance and the ASU Employee Handbook. The following may not be appealed through this form:

- A dismissal during the six-month provisional period
- An action resulting from a reorganization, program modification, or financial exigency (these may be submitted to the Board of Regents for review)
- A charge of discrimination based on race, sex, age, disability, or religion (these are referred to the Affirmative Action/EEO Officer)
- Issues already heard by an administrative panel at the University

Deadline. Submit this form within **10 working days** of the written notice of the action. A late appeal must include a written explanation for the delay (Section 3). The Chief Human Resources Officer will decide whether good cause exists.

Where to submit. Deliver the completed, notarized form and any attachments to the Chief Human Resources Officer, Office of Human Resources, by hand, mail, or email at [email address].

Confidentiality. All parties must keep matters related to this appeal confidential. Records will be stored securely and shared only with those directly involved in the process.

No retaliation. You will not be harassed, intimidated, or otherwise penalized for filing this appeal.

Section 1: Grievant Information

Full name (last, first)	
Employee ID (if known)	
Department	
Job title	
Current employment status	○ Current employee ○ Former employee
Mailing address	
Personal email	
Phone	
Preferred contact method	○ Email ○ Phone ○ Mail

Section 2: Action Being Appealed

Check the action you are appealing:

- ☐ Dismissal (termination)
- ☐ Demotion
- ☐ Suspension with pay
- ☐ Suspension without pay
- ☐ Salary reduction

Date you received written notice of the action

Effective date of the action

Name and title of the official who issued the action

Had you completed your six-month provisional period at the time of the action? ○ Yes ○ No

Was the action the result of a reorganization, program modification, or financial exigency? ○ Yes ○ No ○ Unsure

Please attach a copy of the written notice of the action.

Section 3: Timeliness

Are you submitting this form within 10 working days of the date you received written notice? ○ Yes ○ No

If no, explain the reason for the delay:

Section 4: Statement of Appeal

Describe the action you are appealing and why you believe it was wrong. Include the pertinent facts, with the date, time, and place of each relevant event. Attach additional pages if needed.

Section 5: Policies Violated or Improperly Applied

List each University or Board of Regents policy you believe was violated or improperly applied, and explain how.

Policy name or number	How it was violated or improperly applied

Section 6: Prior Efforts to Resolve

Describe any steps you took to resolve this matter before filing, such as a written response to the next highest authority before the action took effect, and the outcome.

Section 7: Witnesses and Evidence

List anyone who has knowledge of the facts of your appeal.

Witness name	Title or relationship	Contact information	What they can speak to

List the documents or other evidence that support your appeal, and attach copies.

Document or evidence	Description

Section 8: Corrective Action Requested

Describe the specific outcome you are requesting, such as reinstatement, back pay, or removal of the action from your personnel file.

Section 9: Advisor (Optional)

You may select an advisor from the University to assist you at the hearing. Attorneys may not serve as advisors unless the Chairperson authorizes it, which may happen when the hearing involves a criminal charge against you.

Advisor name	
Title and department	
Phone or email	

Section 10: Sworn Verification

I swear or affirm that the information in this appeal and its attachments is true and complete to the best of my knowledge. I understand that this appeal will be reviewed by a Board of Review and may be used in any further review by the University System of Georgia.

Grievant signature	
Printed name	
Date	

Notary acknowledgment

State	
County	
Date sworn to and subscribed before me	
Notary Public signature	
Printed name	
Commission expires	
Seal	Notary Seal

Submission Checklist

- [ ] All sections completed
- [ ] Copy of the written notice of the action attached
- [ ] Supporting documents attached
- [ ] Explanation for delay included, if filing after 10 working days
- [ ] Form signed and notarized

For HR Use Only

Case number	
Date received	
Received by	
Filed within 10 working days?	○ Yes ○ No
If late, good cause found by CHRO?	○ Yes ○ No ○ N/A
Eligible for Board of Review hearing?	○ Yes ○ No
If not eligible, reason	
Referred to AA/EEO Officer?	○ Yes ○ No
Date forwarded to Board of Review Chairperson	
CHRO signature and date	