

STEP 2 - APPEAL OF STEP 1 DECISION OF THE APPOINTING AUTHORITY or DESIGNEE

Employee Name:
Additional Information for Consideration:

Employee Signature _____ Date _____

STEP 2 DECISION – BY THE EXEC DIR OF DBM OFFICE OF PERSONNEL SERVICES AND BENEFITS

Executive Director Name:	Date Received:	
Decision: <input type="checkbox"/> In Favor of Employee <input type="checkbox"/> Relief granted:		<input type="checkbox"/> Appeal Denied

Signature _____ Date _____

Upon issuance of a decision at Step 1, a completed copy of this form should be provided to the employee and the Human Resources Director.

Upon issuance of a decision at Step 2, a completed copy of this form should be provided to the employee, the employee's Appointing Authority and the Human Resources Director.