



Instructions and Information

Instructions For Completing Your Appeal

MSPB's Authority to Review Employment Related Actions or Decisions

The legal authority (jurisdiction) of the U.S. Merit Systems Protection Board (MSPB or the Board) to review employment-related actions or decisions is limited to those matters specifically entrusted to it by law, rule, or regulation. A listing of matters over which MSPB has jurisdiction can be found in MSPB's regulations at [5 C.F.R. § 1201.3](#). The administrative judge assigned to your case will determine whether MSPB has jurisdiction over the particular circumstances of your appeal. More information about the adjudication of appeals before MSPB, including its regulations, may be found at MSPB's website: www.mspb.gov. MSPB's regulations are also published in the Code of Federal Regulations, [5 C.F.R. part 1200](#) et seq., available in many libraries.

Time Limits for Filing an Appeal

Please review MSPB's regulations and other relevant authority for the time limits applicable to the type of appeal you are filing. Generally, you must file your appeal within 30 calendar days of the effective date, if any, of the action or decision you are appealing, or the date you received the agency's decision, whichever is later. (Please note that Individual Right of Action (IRA), Uniformed Services Employment and Reemployment Rights Act (USERRA), and Veterans Employment Opportunities Act (VEOA) appeals **have different time limits**, as described in Appendix A.) In limited circumstances, the 30-day filing time limit may be extended if you and the agency mutually agree in writing to try to resolve your dispute through an alternative dispute resolution process before you file an appeal. See [5 C.F.R. § 1201.22\(b\)-\(c\)](#). The 30-day time limit may also be extended if you have previously filed a formal equal employment opportunity (EEO) complaint regarding the same matter, as described in Appendix A. The date of filing is the date your appeal is postmarked, the date of the facsimile (fax) transmission, the date it is delivered to a commercial overnight delivery service, the date of receipt in the regional or field office if you personally deliver it, or the date of submission if you file your appeal electronically. Do not delay filing your appeal merely because you do not currently have the documents requested in this form.

Information on Required Fields

Wherever you see red asterisks, *, during the initial appeal interview process, this indicates a required field. For more information on required fields, see [5 C.F.R. § 1201.24](#).

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Public Reporting Burden

Public reporting burden for this data collection is estimated to vary from 60 and 120 minutes, with an average of 90 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid Office of Management and Budget (OMB) control number is displayed on this form. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to:

Office of the Clerk of the Board
Merit Systems Protection Board
1615 M Street, N.W.
Washington, DC 20419

Fax: 202-653-7130
Email: mspb@mspb.gov

I have read this statement and wish to continue. *

Yes No

* Indicates required field.



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I have read this statement and wish to continue. *

Yes No

Privacy Act Statement

AUTHORITY: MSPB may hear appeals of Federal agency actions only when it has been authorized to do so by law, rule, or regulation. [5 U.S.C. § 7701\(a\)](#); [5 U.S.C. § 1204](#).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purposes of adjudicating the appeals and matters described above, rendering MSPB decisions in these matters, and enabling case parties to have access to MSPB's electronic filing system. Additionally, some information about the appeal or case is used in depersonalized form for statistical purposes.

ROUTINE USE(S): The information on this form may be shared outside of MSPB as generally permitted under [5 U.S.C. § 552a\(b\)](#) of the Privacy Act of 1974, as amended. This includes sharing the information as necessary and authorized by routine uses published in MSPB/GOVT - 1 Appeals and Case Records, 77 Fed. Reg. 65206 (Oct. 25, 2012), and upon written request, by agreement, or as required by law. MSPB decisions are available to the public under the provisions of the Freedom of Information Act (FOIA), [5 U.S.C. § 552](#), and are posted to MSPB's public website. Other documents from individual appeal and case files may also be made available as required by FOIA.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the proper docketing of a matter and/or, the adjudication of a matter, which could result in the dismissal or delay of your appeal or matter, and/or prevent access to MSPB's e-Appeal system.

I have read this statement and wish to continue. *

Yes No

* Indicates required field.

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Appellant and Agency Information

Contact Information

Note: If you are completing the appeal interview as an appellant representative, answer the questions in the context of the appellant, not yourself.

First Name *

Last Name *

Address

You must promptly notify the Board in writing of any change in your mailing address while your appeal is pending.

Address Line 1 *

Address Line 2

City *

State *

Zip Code

Country *

Phone Type

Phone Number

Email Address *

* Indicates required field.

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Appellant and Agency Information

Agency Information

Name and address of the agency that took the action or made the decision you are appealing (include bureau or division, street address, city, State and Zip code) [?]

Agency Name *

Bureau *

Address

City

State

Zip Code

Phone Number

* Indicates required field.



Appellant and Agency Information

Your Federal employment status at the time of the action or decision you are appealing: [?]

Type of appointment (if applicable): [?]

Your position, title, grade, and duty station at the time of the action or decision you are appealing (if applicable): [?]

Occupational Series or Cluster:

Position Title

Grade or Pay Band

Duty Station Applicable *

Yes No

Duty Station City *

Duty Station State *

Are you entitled to veteran's preference? See [5 U.S.C. § 2108](#).

Yes No

Length of Federal service (if applicable): [?]

Years

Months

Were you serving a probationary, trial, or initial service period at the time of the action or decision you are appealing? [?]

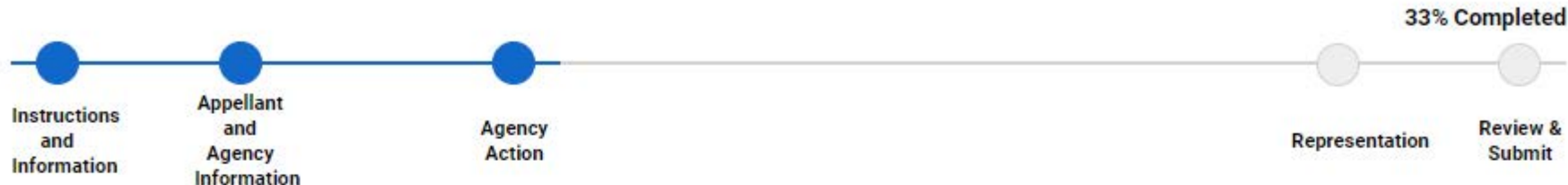
Yes No

HEARING: You may have a right to a hearing before an administrative judge. If you elect not to have a hearing, the administrative judge will make a decision on the basis of the submissions of the parties.

Do you want a hearing? *

Yes No

* Indicates required field.



Agency Action

Part 2 - Agency Personnel Action or Decision (non-retirement)

Complete this part if you are appealing a Federal agency personnel action or decision other than a decision directly addressing your retirement rights or benefits. This includes certain actions that might not otherwise be appealable to the Board: individual right of action (IRA) appeals under the Whistleblower Protection Act (WPA); appeals under the Uniformed Services Employment and Reemployment Rights Act (USERRA); or appeals under the Veterans Employment Opportunities Act (VEOA). [?]

An explanation of these three types of appeals is provided in [Appendix A](#). [?]

Part 3 - OPM or Agency Retirement Decision

Complete this part if you are appealing a decision of the Office of Personnel Management (OPM) or other Federal agency directly addressing your retirement rights or benefits.

Would you like to upload a completed Form 185? *

Yes No

Please select whether to proceed to Part 2 or Part 3 *

* Indicates required field.

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Agency Action

Check the box that best describes the agency personnel action or decision you are appealing. (If you are appealing more than one action or decision, check each box that applies.) *

- Denial of Within-Grade Increase
- Failure to Restore/Reemploy/Reinstate or Improper Restoration/Reemployment/Reinstatement
- Furlough of 30 Days or Less
- Involuntary Resignation
- Involuntary Retirement
- Negative Suitability Determination
- Reduction in Grade, Pay, or Band
- Removal (termination after completion of probationary or initial service period)
- Separation, Demotion or Furlough for More Than 30 Days by Reduction In Force (RIF)
- Suspension for More Than 14 Days
- Termination During Probationary or Initial Service Period
- VA SES Removal from Civil Service
- VA SES Transfer to General Schedule
- Other Action (describe):

- Administrative Law Judge Constructive Action
- Removal from Senior Executive Service to another Civil Service Position

* Indicates required field.

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Agency Action

Date you received the agency's final decision letter (if any) [?]

 (mm/dd/yyyy)

Effective date (if any) of the agency action or decision *

 (mm/dd/yyyy)

Prior to filing this appeal, did you and the agency mutually agree in writing to try to resolve the matter through an alternative dispute resolution (ADR) process? If yes, attach a copy of the agreement. * [?]

Yes No

Please specify how you would like to deliver the ADR Agreement File: *

ADR Agreement File *

Select File

* Indicates required field.

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Agency Action

Explain briefly why you think the agency was wrong in taking this action, including whether you believe the agency engaged in harmful procedural error, committed a prohibited personnel practice, or engaged in one of the other claims listed in Appendix A. Attach the agency's proposal letter, decision letter, and SF-50, if available. * [?]

2600 characters remaining

Please specify how you would like to deliver the Agency Proposal Letter:

Please specify how you would like to deliver the Decision Letter:

Please specify how you would like to deliver the SF-50:

* Indicates required field.



Agency Action

With respect to the agency personnel action or decision you are appealing, have you, or has anyone on your behalf, filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement? *

Yes No

If Yes, attach a copy of the grievance, enter the date it was filed, and enter the place where it was filed if different from your answer provided previously in this application.

Please specify how you would like to deliver the Copy of Grievance:

Date Filed

  (mm/dd/yyyy)

Agency Name

Bureau

Address

City

State

Zip

Please specify how you would like to deliver the Grievance Decision Letter:

Date Issued

  (mm/dd/yyyy)

* Indicates required field.

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Agency Action

Are you seeking to submit a request for review of an arbitrator's decision, pursuant to [5 C.F.R. 1201.155](#)? If Yes, you must submit a copy of the arbitrator's decision with this request.

Your request will be routed to the Office of the Clerk of the Board for review and docketing, if appropriate. *

Yes No

Specify how you would like to deliver the Arbitrator's Decision *

Date Issued

  (mm/dd/yyyy)

* Indicates required field.

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Agency Action

If you filed a whistleblowing complaint with the Office of Special Counsel (OSC), provide the date on which you did so and the date on which OSC made a decision or terminated its investigation, if applicable. Attach copies of your complaint and OSC's termination of investigation letter, notifying you of your right to seek corrective action from the Board.

Have you filed a whistleblowing complaint with the Office of Special Counsel (OSC)? * [?]

Yes No

Please specify how you would like to deliver the OSC Complaint File: *

Date Filed *

 (mm/dd/yyyy)

Did OSC terminate its investigation? *

Yes No

Please specify how you would like to deliver the OSC Termination Letter: *

Date of OSC decision or termination of investigation *

 (mm/dd/yyyy)

* Indicates required field.



Agency Action

If you filed a complaint with the Department of Labor (DOL), list the date on which you did so, and attach a copy of your complaint. If DOL has made a decision on your complaint, list the date of this decision, and attach a copy of it. If DOL has not made a decision on your complaint within 60 days from the date you filed it, state whether you have notified DOL of your intent to file an appeal with the Board, and attach a copy of such notification.

Have you filed a complaint with the Department of Labor (DOL)? * [?]

Yes No

Please specify how you would like to deliver the DOL Complaint Letter: *

Complaint Letter *

Select File

Date Filed *

  (mm/dd/yyyy)

Has DOL made a decision on your complaint? *

Yes No

Please specify how you would like to deliver the DOL Decision Letter: *

Date of DOL decision *

  (mm/dd/yyyy)

Have you notified DOL of your intent to file an appeal with the Board? *

Yes No

* Indicates required field.

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Representation

Has an individual or organization agreed to represent you in this proceeding before the Board? (You may designate a representative at any time. However, it is unlikely that the appeals process will be delayed for reasons related to obtaining or maintaining representation. Moreover, you must promptly notify the Board in writing of any change in representation.) * [?]

Yes

Please specify how you would like to deliver the Designation of Representative Form: *

I hereby designate

Representative First Name *

Representative Last Name *

to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf. In addition, I specifically delegate to my representative the authority to settle this appeal on my behalf. I understand that any limitation on this settlement authority must be filed in writing with the Board.

Country

Address (number and street)

Address Line 2

City

State

Zip

Representative's phone numbers (include area code) and e-mail address

Office

Cell

Fax

Email Address *

* Indicates required field.

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Certification

Based on the information provided, your appeal will be submitted to the following MSPB Regional or Field Office ([5 C.F.R. § 1201.4](#)): *

I certify that all of the statements made in this form and any attachments are true, complete, and correct to the best of my knowledge and belief.

Signature of Appellant or Representative *

Date *



(mm/dd/yyyy)

* Indicates required field.

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