

THE IDAHO PERSONNEL COMMISSION

_____,)
)
 Known As Appellant,)
)
 _____,)
 (Agency))
 Referred to as Respondent.)
 _____)

A P P E A L

I appeal the decision of _____,
 (Name of Agency)
 dated _____. [ATTACH A COPY OF THE DECISION LETTER.]

The decision or action I am protesting is _____

 _____.

The remedy I request is _____

 _____.

(Date)

(Signature)

Address:

Phone:

Name of Employee's Attorney (if any)

Address:

Phone: