

**OSAH FORM 1**

(This form is available online at <http://www.osah.ga.gov> or by telephone request at (404)657-2800.)

<b>OSAH USE ONLY DOCKET NUMBER:</b>	<b>AGENCY CODE SPB</b>	<b>CASE TYPE</b>	<b>DOCKET NUMBER</b>	<b>COUNTY</b>	<b>JUDGE</b>
---	----------------------------	------------------	----------------------	---------------	--------------

**CLASSIFIED EMPLOYEE'S APPEAL**

The date of POSTMARK OR HAND DELIVERY is to be entered by the OSAH CLERK as the hearing request date.

**PARTS I AND II TO BE COMPLETED BY APPOINTING AUTHORITY (Respondent, if appealed)**

**Part I**

Appointing Authority (Respondent, if appealed) : \_\_\_\_\_  
Contact Person and Title: \_\_\_\_\_  
If Contact Person is an attorney, Georgia State Bar No: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Facility (if applicable): \_\_\_\_\_  
County where Employee is/was employed: \_\_\_\_\_

**Part II**

<input type="checkbox"/> <b>Demotion (DEM)</b> <input type="checkbox"/> <b>Disciplinary Salary Reduction (DSR)</b> <input type="checkbox"/> <b>Dismissal (DIS)</b> <input type="checkbox"/> <b>Drug Testing (DT)</b> <input type="checkbox"/> <b>Forfeiture of Employment (FOE)</b> <input type="checkbox"/> <b>Suspension Without Pay (SWP)</b>	<input type="checkbox"/> <b>Grievance Procedure Review (G)</b> <input type="checkbox"/> <b>Reduction in Force (RIF)</b> <input type="checkbox"/> <b>Relocation (REL)</b> <input type="checkbox"/> <b>Unjust Coercion or Reprisal (UCR)</b> <input type="checkbox"/> <b>Unlawful Discrimination (UD)</b> <input type="checkbox"/> <b>Other Purported Violations (OPV)</b> <input type="checkbox"/> <b>Voluntary Separation/Presumed Resignation (VSPR)</b> <input type="checkbox"/> <b>Voluntary Separation/Failure to Return from Leave of Absence (VSFR)</b>
---	--

**PARTS III AND IV TO BE COMPLETED BY EMPLOYEE OR ATTORNEY**

**Part III**

Employee: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Other Contact Numbers and/or E-mail address: \_\_\_\_\_

**Part IV**

Employee's Attorney, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Georgia State Bar No: \_\_\_\_\_

**TO EMPLOYEE OR EMPLOYEE'S ATTORNEY:**

Attach the document initiating the hearing as Exhibit 1 to this form. Typically, but not always, this document will be either a Final Determination of Adverse Action, a Notice of Voluntary Separation (Presumptive Resignation or Failure to Return from Leave) or a Final Determination of a Grievance.