



BOARD OF PERSONNEL APPEALS

DEPARTMENT OF FISH, WILDLIFE & PARKS GRIEVANCE

FORMAL APPEALS STEPS

(Each step should be dated as initiated by the employee)

I Date _____

II Date _____

III Date _____

1. Name of Employee: _____
Last First Middle Initial

2. Home Address: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

3. Designated Representative (if any): _____

4. Present Classification: _____

Classification Code: _____ Position Number: _____

5. Department: _____ Address (Building and Street) _____

Division: _____ City: _____

Bureau: _____ Room Number: _____ Business Phone: _____

Section: _____ Unit: _____

Has there been an informal attempt to resolve the appeal in question? _____

The appeals procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.403. Any effort to impede the appeal process should be reported to the Board of Personnel Appeals.

NOTE: Appeal must be filed within 180 days of alleged incident.

**STEP
I**

I hereby invoke the formal appeals procedure guaranteed in Section 87-1-205 MCA, as outlined in ARM 24.26.403. I certify that all facts stated here are correct to the best of my knowledge and belief.

Employee's Signature

Date

Discuss the reason for this appeal and possible solutions to the problem.*

Continuance of the appeal – Submission to immediate supervisor: _____ Date: _____

Findings of immediate supervisor: _____ Date appeal received: _____
(Supervisor has 3 working days to return grievance to employee) Date appeal returned to employee: _____

Signature: _____

**STEP
II**

Continuance of appeal - Submission to Department Head:
(Employee has 3 working days to forward the appeal)
Date Submitted to Department Head _____

Findings of Department Head: _____ Date appeal returned to Employee: _____
(Department Head has 5 working days to review and return grievance)

Signature: _____

**STEP
III**

Continuance of appeal - submission to Board of Personnel Appeals for final resolution
(Employee has 10 working days to forward the appeal)
Date Submitted to BOPA: _____

Findings and decision of the Board of Personnel Appeals:* _____
(additional comments will be attached) Date appeal returned to Employee: _____

**If there are any questions concerning appeal procedure, contact the
Board of Personnel Appeals,
PO Box 8011, Helena, MT 59604-8011, Telephone: (406)444-6543**