

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

Findings of immediate supervisor: _____ Date appeal received: _____
Date appeal returned to employee: _____

Signature: _____

**STEP
II**

Continuance of appeal - Submission to Department Head:

Date Received: _____

Findings of Department Head: _____ Date appeal returned to Employee: _____

Signature: _____

**STEP
III**

Continuance of appeal - submission to Board of Personnel Appeals for final resolution

Date Received: _____

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 201503, Helena, MT 59620-1503, Telephone: (406) 444-0032