**The Merit Appeals Board**  
235 South Beretania Street, Room 1400  
Honolulu, Hawaii 96813

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**Appeal to the Merit Appeals Board**

*Please refer to "Information on Filing Appeals with the Merit Appeals Board" for added information on what may be appealed to the Board and who is eligible to appeal.*

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**Instructions:**

1. Complete Section A, B or C (check the boxes to identify the action(s) you wish to appeal).
2. Complete sections D, E, F and G.
3. Attach copies of all documents requested in D 1 and E.
4. Mail or deliver the **original and six copies** to the Merit Appeals Board.

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### A - The following types of actions can be appealed by any person applying for a civil service job in the State government

1. **□** Recruitment/Application Actions (all aspects of responding to a vacancy announcement and filing an employment application)
   - **□** Rejection of my application because the filing date had closed
   - **□** Other (identify in D-1)
2. **□** Examination Actions:
   - **□** The ruling that I do not meet qualification requirements
   - **□** The ruling that I do not meet suitability requirements
   - **□** Test results (if applicable)
   - **□** Interview and/or interview results
   - **□** Non-selection for position
   - **□** Other (identify in D-1)

   Show the title of the job for which you applied: __________

3. **□** Termination during my initial probationary period

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### B - The following types of actions can only be appealed by current employees of the State who occupy a civil service position:

4. **□** Classification action on my position (existing civil service employees only)

5. **□** Initial pricing of the class to which my position is assigned (existing civil service employees only)

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### C - The following types of actions can only be appealed by employees in the employ of the State who occupy civil service positions and are excluded * from collective bargaining

6. **□** Adverse actions taken by the employer
   - **□** Suspension
   - **□** Demotion
   - **□** Dismissal/Discharge
   - **□** Other (describe the action in Section D 1, below)

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* Excluded from collective bargaining means a person who is barred from belonging to a bargaining unit by Chapter 89-6, Hawaii Revised Statutes, and therefore is not covered by a collective bargaining agreement.
D -  **Action you wish to appeal**

1. Action taken (Attach copy of notice informing you of the action. If you did not receive a notice, identify the kind of action and the date of the action).

2. What do you believe to be incorrect or improper about this action?

3. What do you believe should have been done?

4. What action do you want the Board to take?

E -  **Attach a copy of the Internal Complaint form (or Request for Administrative Review) you submitted and the reply you received**

F -  **If a union representative or other person will represent you, indicate the person’s name, union or organization, mailing address and phone number**

   Name ___________________________ Union/Organization _______
   Address ______________________________________
   Phone Number __________________________

G -  **If you are a State employee, indicate your job title and department**

   Title ___________________________ Department _______

H -  **Signature and Date**

   ___________________________ _____________________
   Signature                 Date

MAB use only

Date Rec’d ___________ Notice of Receipt ___________ Hearing Date ___________

Screened by _______________ To Appellant ___________ Notices Sent ___________

☐ Accept  ☐ Reject

mab/appeal form4 - 07/03/08