



Initial Appeal

Cuyahoga County Personnel Review Commission
9830 Lorain Road • Cleveland, Ohio 44102 • P: (216) 698-2975 • F: (216) 443-3694
PersonnelReviewCommission@cuyahogacounty.us

INSTRUCTIONS

To file an appeal with the Personnel Review Commission (PRC), *fully* complete the information requested on page 2 of this form by *printing clearly*. You must file your appeal within 10 days of the employment action you are appealing. Please note: if the 10th day falls on a holiday or a weekend, appeals received the following business day will be deemed as timely filed. Appeals filed after that date will not be considered.

The appeal must be presented to the PRC in person, via U.S. mail to 9830 Lorain Road, Cleveland, Ohio 44102, by email, PersonnelReviewCommission@cuyahogacounty.us, or via fax (216) 443-3694. Please retain a copy of this notice for your personal records.

Details regarding the appeal process can be found via the PRC website at <http://prc.cuyahogacounty.us> under Administrative Rules (Section 13).

DEFINITIONS

Appellant: The employee (or former employee) who is filing the appeal.

Classification: For purposes of this form, the term “classification” is the title of the position you hold (or held) at the County.

Director: The Director of the Cuyahoga County Human Resources Department as appointed by the County Executive.

FLSA Exempt and Non-Exempt: The status of the position you hold (or held) at the county in terms of whether it was exempt from the overtime regulations of the Fair Labor Standards Act (FLSA). If you do not know whether the position you hold (or held) was exempt or non-exempt, please contact the County’s Human Resources Department. This status affects your appeal rights.

Reduction in Pay: An action that diminishes an employee’s pay. The ending of supplemental pay shall not be considered a reduction.

Reduction in Position: An action that diminishes an employee’s duties or responsibilities to the extent an audit of the employee’s position would result in a reclassification to a classification assigned a lower pay range.



Initial Appeal Form

Please **PRINT CLEARLY** and **FULLY COMPLETE**

APPELLANT INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Is email an acceptable way to contact you in the appeal process? Yes or No

Classification: _____

Department/Appointing Authority: _____

APPELLANT ATTORNEY (if applicable)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

NOTICE OF APPEAL

Notice is hereby given that the Appellant is appealing to the Cuyahoga County Personnel Review Commission from the Order or Notice of:

<input type="checkbox"/> Reduction in pay or position	<input type="checkbox"/> Job abolishment/layoff
<input type="checkbox"/> Suspension of more than forty (40) work hours for FLSA <i>non-exempt</i> employees	<input type="checkbox"/> Suspension of more than twenty-four (24) work hours for FLSA <i>exempt</i> employees
<input type="checkbox"/> Discharge (removal from employment)	<input type="checkbox"/> Assignment or reassignment to new or different position classifications
<input type="checkbox"/> Refusal of the Director to reassign an employee to another classification or to reclassify the employee's position with or without a position audit	<input type="checkbox"/> Other appeals as provided for by Council ordinance. Please specify below the issue you are appealing: _____ _____

ORDER or NOTICE

The Order or Notice* was received on (specify date) _____

via (delivery method) _____

and was effective on (specify date) _____.

***COPY OF ORDER OR NOTICE MUST BE ATTACHED TO THIS FORM**