|  |  |  |
| --- | --- | --- |
| Jennifer Cohan, Chairperson  Sheldon N. Sandler, Esq., Board Member  Joseph A. Pika, III, Ph.D., Board Member  Dinah M. Davis-Russ, Board Member  Lester E. Johnson, Jr., Board Member | **Stationery Logo** | Phone: (302) 577-5070  Fax: (302) 577-3297  merbmail@delaware.gov  https://merb.delaware.gov |

**State of Delaware**

**Merit Employee Relations Board**

**4th Floor, Carvel State Office Building**

**820 N. French Street**

**Wilmington, Delaware 19801**

**MERIT RULE APPEAL TO THE MERB**

(To be used for filing appeals of all State Merit grievances EXCEPT those appealing dismissals, demotions and suspensions – **Appeals must be filed within 20 calendar days of receipt of the Step 3 decision)**

Name of Grievant: Click here to enter text.

Mailing Address:Click here to enter text.

Phone Number: Click here to enter text. E-mail Address: Click here to enter text.

Counsel for the Grievant (if any): Click here to enter text.

Mailing Address of Counsel: Click here to enter text.

Phone Number: Click here to enter text. E-mail Address: Click here to enter text.

Employing State Division and Agency: Click here to enter text.

Work Location and Address: Click here to enter text.

Identify the Merit Rule(s) Alleged to have been Violated: Click here to enter text.

Specific Statement of the Act or Omission complained of, including the date(s) of such act or omission:

Click here to enter text.

A brief summary of the evidence the grievant expects to present at hearing showing the appeal is timely filed pursuant to the Merit Rules and is within the jurisdiction of MERB:

Click here to enter text.

**Please attach to this Appeal a copy of the written decision(s) from Step 3 of the Grievance Procedure** (or the last step for which a timely answer was received if the grievance was not heard at Step 3).

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_