



The State of Delaware

Merit Appeal Form for Employees Dismissed, Demoted or Suspended

Merit Rule 12.9: Employees who have been dismissed, demoted or suspended may file an appeal directly with the DHR Secretary or the MERB within 30 days of such actions. Alternatively, such employees may simultaneously file directly with the DHR Secretary, who must hear the appeal within 30 days. If the employee is not satisfied with the outcome at the DHR Secretary’s level, then the appeal shall continue at the MERB.

Please check your choice below for the direction of your appeal:

- Heard only by the Department of Human Resource (DHR)
- Heard only by the Merit Employee Relations Board (MERB)
- Heard by both DHR and the MERB (You have the choice to discontinue your appeal to MERB if you are satisfied with the outcome of the DHR hearing.)

Please file this form at the addresses below:

Secretary, DE Dept. of Human Resources
 841 Silver Lake Boulevard, Suite 100
 Dover, Delaware 19904
dhr_personnel_notifications@delaware.gov

The Merit Employee Relations Board
 4th Floor, Carvel State Office Bldg.
 820 N. French Street
 Wilmington, DE 19801
merbmail@delaware.gov

[Note: This form does not apply to employees who are separated/dismissed during an initial probationary employment period. MR 9.2]

Please indicate whether you have been dismissed, suspended, or demoted and the date thereof: _____

Name & Home Address: _____

Current or Former Agency and Job Location: _____

Current or Former Job Title: _____

Telephone Number and e-mail address where you can be contacted regarding the appeal: _____

Union or Legal representative, if any and email address: _____

Employee Signature: _____ Date: _____

Please attach to this form information which states the reason for the action taken against you, including the letter of dismissal, suspension, or disciplinary demotion; any and all grievance materials; and any other documents necessary for the Dept. of Human Resources and/or the MERB to process your appeal.

AGENCY USE ONLY
Date Received _____

PHRST Grievance # _____