



JOINT APPEALS BOARD AT HEADQUARTERS

Request to File an Appeal Against an Administrative Decision

*You are requested to limit your submission to ten pages (not including attachments);
if it is longer, please provide a two-page synopsis.*

Name of Appellant (family name first): _____

Mailing Address: _____

Index number: _____ **E-mail:** _____

Telephone No.: _____ **Fax No.:** _____

Type of Appointment: _____ **Functional Title:** _____

Dept./Office: _____ **Duty Station:** _____

Specify the administrative decision you are appealing (please attach a copy): _____

Date of decision: _____

Have you requested an administrative review by the Secretary-General of the decision you are appealing?

NO ____ **Stop here. You must, as a first step, submit a request for administrative review to the Secretary-General (Staff Rule 111.2(a)). If YES, on what date?** _____

What remedy or remedies do you seek? _____

Do you have Counsel? YES ____ **NO** ____ **If YES, name and contact information of Counsel:** _____

May we correspond with you or your counsel by electronic mail? YES ____ **NO** ____

Signature: _____ **Date:** _____

IMPORTANT: Please attach your statement of appeal, together with any additional material in support of your claim. Number each attachment and include an index of attachments. Please include a copy of your original request for administrative review. All submissions must be printed on one side only in standard-sized typeface. You must submit six copies to this Office.