



State of Arkansas
Grievance Form - Appeal to SEGAP

OPM Case # _____

This form is used to file a request for an appeal hearing before the State Employee Grievance Appeal Panel (SEGAP) pursuant to A.C.A § 21-1-701 *et seq.* and the [State of Arkansas Grievance Policy and Procedure](#). This form must be completed and submitted to your Department's Grievance Officer.

Department: _____ Division, if applicable: _____

Employee's Name: _____

Job Title: _____ Grade: _____

Email Address: _____ Phone Number: _____

Supervisor's Name: _____

In order for a grievance appeal to be processed, the following information must be provided:

1. Why are you appealing the Secretary's, or designee's, decision?

2. What remedy do you request?

Employee's Signature

Date

OPM Use Only

Eligible for Appeal: Yes No If no, explain:

OPM Official's Name

OPM Official's Signature

Date