

§ 1201.205

request in accordance with paragraph (a)(2) of this section, or where the request is made in a case where the only MSPB proceeding is before the 3-member Board, including, for compensatory damages only, a request to review an arbitration decision under 5 U.S.C. 7121(d), the Board may:

(1) Consider both the merits and the request for damages and issue a final decision;

(2) Remand the case to the judge for a new initial decision, either on the request for damages only or on both the merits and the request for damages; or

(3) Where there has been no prior proceeding before a judge, forward the request for damages to a judge for hear-

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ing and a recommendation to the Board, after which the Board will issue a final decision on both the merits and the request for damages.

(i) *EEOC review of decision on compensatory damages.* A final decision of the Board on a request for compensatory damages pursuant to the Civil Rights Act of 1991 shall be subject to review by the Equal Employment Opportunity Commission as provided under subpart E of this part.

§ 1201.205 Judicial review.

A final Board decision under this subpart is subject to judicial review as provided under 5 U.S.C. 7703.

APPENDIX I TO PART 1201—MERIT SYSTEMS PROTECTION BOARD APPEAL FORM

OMB NO. 3124-0060

MERIT SYSTEMS PROTECTION BOARD	
APPEAL FORM	
INSTRUCTIONS	
<p>GENERAL: You do not have to use this form to file an appeal with the Board. However, if you do not, your appeal must still comply with the Board's regulations. See 5 C.F.R. Parts 1201, 1208, and 1209. Your agency's personnel office will give you access to the regulations, and the Board will expect you to be familiar with them. You also should become familiar with the Board's key case law and controlling court decisions as they may affect your case. Complete Parts I, II, III and V of this form regardless of the kind of action you are appealing. Complete Part VI only if you are appealing an action resulting from a reduction in force. You must tell the Board if you are raising an affirmative defense (see Part IV), and you are responsible for proving each defense you raise. If you believe the action you are appealing was threatened, proposed, taken, or not taken because of whistleblowing activities, you must complete Part VII. If you are requesting a stay, you must complete Part VIII. If you claim a violation of your rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA) or the Veterans Employment Opportunities Act (VEOA), you must provide the information required by the Board's regulations at 5 C.F.R. 1208.13 (for USERRA appeals) or 5 C.F.R. 1208.23 (for VEOA appeals). You may use a separate sheet of paper (please put your name and address at the top of each additional page) or you may include the information in block 31 of Part IV.</p> <p>WHERE TO FILE AN APPEAL: You must file your appeal with the Board's regional or field office which has responsibility for the geographic area where your duty station was located when the agency took the action or, if you are appealing a retirement or suitability decision, the geographic area where you live. See 5 C.F.R. Part 1201, Appendix II, and 5 C.F.R. 1201.4(d).</p> <p>WHEN TO FILE AN APPEAL: Unless your appeal is covered by a law that sets a different filing time limit, your appeal must be filed during the period beginning with the day after the effective date, if any, of the action you are appealing and ending on the 30th day</p>	<p>after the effective date, or within 30 days after the date you receive the agency's decision, whichever is later. However, if you and the agency mutually agree in writing to try to resolve your dispute through an alternative dispute resolution process before you file an appeal, you have an additional 30 days for a total of 60 days to file your appeal. You may not file your appeal before the effective date of the action you are appealing. If your appeal is late, it may be dismissed as untimely. If you are filing a USERRA appeal, there is no time limit for filing (see 5 CFR 1208.13). You may not file a VEOA appeal with the Board unless you first filed a complaint with the Secretary of Labor and allowed the Secretary at least 60 days to try to resolve the matter; any subsequent appeal to the Board must be filed within 15 days of the date you receive notice that the Secretary has been unable to resolve the matter (see 5 C.F.R. 1208.22). If you are filing a whistleblower appeal after first filing a complaint with the Office of Special Counsel (OSC), your appeal must be filed within 65 days of the date of the OSC notice advising you that the Special Counsel will not seek corrective action or within 60 days after the date you receive the OSC notice, whichever is later (see 5 C.F.R. 1209.5). The date of filing is the date your appeal is postmarked, the date of the facsimile transmission, the date it is delivered to a commercial overnight delivery service, or the date of receipt if you personally deliver it to the regional or field office.</p> <p>HOW TO FILE AN APPEAL: You may file your appeal by mail, by facsimile, by commercial overnight delivery, or by personal delivery. You must submit two copies of both your appeal and all attachments. You may supplement your response to any question on separate sheets of paper, but if you do, please put your name and address at the top of each additional page. All of your submissions must be legible and on 8 1/2" x 11" paper. Your appeal must contain your or your representative's signature in block 6. If it does not, your appeal will be rejected and returned to you. If your representative signs block 6, you must sign block 11 or submit a separate written designation of representative.</p>
Part I Appellant Identification	
1. Name (last, first, middle initial)	2. Social Security Number
3. Present address (number and street, city, state, and ZIP code) You must notify the Board of any change of address or telephone number while the appeal is pending with MSPB.	4. Home phone (include area code)
	5. Office phone (include area code)
6. I certify that all of the statements made in this appeal are true, complete, and correct to the best of my knowledge and belief.	<div style="display: flex; justify-content: space-between;"> Signature of appellant or designated representative Date signed </div>

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Part II Designation of Representative		
<p>7. You may represent yourself in this appeal, or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, if you so desire, but you must notify the Board promptly of any change. Where circumstances require, a separate designation of representative may be submitted after the original filing. Include the information requested in blocks 7 through 11.</p> <p>"I hereby designate _____ to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf. In addition, I specifically delegate to my representative the authority to settle this appeal on my behalf. I understand that any limitation on this settlement authority must be filed in writing with the Board."</p>		
<p>8. Representative's address (number and street, city, state, and ZIP code).</p>	<p>9. Representative's employer</p>	
	<p>10. a) Representative's telephone number (include area code)</p>	
	<p>10. b) Representative's facsimile number</p>	
	<p>11. Appellant's signature _____ Date _____</p>	
Part III Appealed Action		
<p>12. Briefly describe the agency action you wish to appeal and attach the proposal letter and decision letter. If you are appealing a decision relating to the denial of retirement benefits, attach a copy of OPM's reconsideration decision. If the relevant SF-50 or its equivalent is available, send it now; however, do NOT delay filing your appeal because of it. You may submit the SF-50 when it becomes available. Later in the proceeding, you will be afforded an opportunity to submit detailed evidence in support of your appeal.</p>		
<p>13. Name and address of the agency that took the action you are appealing (including bureau or other divisions, as well as street address, city, state and ZIP code)</p>		<p>14. Your position title and duty station at the time of the action appealed</p>
<p>15. Grade at time of the action appealed</p>	<p>16. Salary at the time of the action appealed</p> <p>\$ _____ per _____</p>	<p>17. Are you a veteran and/or entitled to the employment rights of a veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. Employment status at the time of the action appealed</p> <p><input type="checkbox"/> Temporary <input type="checkbox"/> Applicant <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Term <input type="checkbox"/> Seasonal</p>		<p>19. If retired, date of retirement (month, day, year)</p>
		<p>20. Type of service</p> <p><input type="checkbox"/> Competitive <input type="checkbox"/> SES</p> <p><input type="checkbox"/> Excepted <input type="checkbox"/> Postal Service</p> <p><input type="checkbox"/> Foreign Service</p>
<p>21. Length of government service</p>	<p>22. Length of service with acting agency</p>	<p>23. Were you serving a probationary or trial period at the time of the action appealed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24. Date you received written notice of the proposed action (month, day, year) (attach a copy)</p>	<p>25. Date you received the final decision notice (month, day, year) (attach a copy)</p>	<p>26. Effective date of the action appealed (month, day, year)</p>

27. Explain briefly why you think the agency was wrong in taking this action.	
28. Do you believe the penalty imposed by the agency was too harsh? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	29. What action would you like the Board to take on this case (i.e., what remedy are you asking for)?
Part IV Appellant's Defenses	
30. a) Do you believe the agency committed harmful procedural error(s)? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	30. b) If so, what is (are) the error(s)?
30. c) Explain how you were harmed by the error(s).	
Block 31 - Violations of Law: If you use this block to claim a violation of your rights under USERRA or VEOA, you must include the information required by the Board's regulations at 5 C.F.R. 1208.13 (for USERRA appeals) or 5 C.F.R. 1208.23 (for VEOA appeals). DO NOT use this block to claim a violation of the Whistleblower Protection Act; instead, complete Part VII and, if you are also requesting a stay, Part VIII.	
31. a) Do you believe that the action you are appealing violated the law? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	31. b) If so, what law?
31. c) How was it violated?	
32. a) If you believe you were discriminated against by the agency, in connection with the matter appealed, because of your race, color, religion, sex, national origin, marital status, political affiliation, disability, or age, indicate so and explain why you believe it to be true.	
32. b) Have you filed a formal discrimination complaint with your agency or any other agency concerning the matter which you are seeking to appeal? <input type="checkbox"/> <i>Yes (attach a copy)</i> <input type="checkbox"/> <i>No</i>	
32. c) If yes, place filed (agency, number and street, city, state, and ZIP code)	32. d) Date filed (month, day, year)
	32. e) Has a decision been issued? <input type="checkbox"/> <i>Yes (attach a copy)</i> <input type="checkbox"/> <i>No</i>

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33.a) Have you, or anyone in your behalf, filed a formal grievance with your agency concerning this matter, under a negotiated grievance procedure provided by a collective bargaining agreement? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No		33.b) Date filed (month, day, year)
33.c) If yes, place filed (agency, number and street, city, state, and ZIP code)		33.d) Has a decision been issued? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No
		33.e) If yes, date issued (month, day, year)
Part V Hearing		
34. You may have a right to a hearing on this appeal. If you do not want a hearing, the Board will make its decision on the basis of the documents you and the agency submit, after providing you and the agency with an opportunity to submit additional documents. Do you want a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If you choose to have a hearing, the Board will notify you where and when it is to be held.		
Part VI Reduction In Force		
INSTRUCTIONS		
Fill out this part only if you are appealing from a Reduction in Force. Your agency's personnel office can furnish you with most of the information requested below.		
35. Retention group and sub-group	36. Service computation date	37.a) Has your agency offered you another position rather than separating you? <input type="checkbox"/> Yes <input type="checkbox"/> No
37.b) Title of position offered	37.c) Grade of position offered	37.d) Salary of position offered \$ per
37.e) Location of position offered		37.f) Did you accept this position? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Explain why you think you should not have been affected by the Reduction In Force. (Explanations could include: you were placed in the wrong retention group or sub-group; an error was made in the computation of your service computation date; competitive area was too narrow; improperly reached for separation from competitive level; an exception was made to the regular order of selection; the required number of days notice was not given; you believe you have assignment [bump or retreat] rights; or any other reasons. Please provide as much information as possible regarding each reason.)		

Part VII Whistleblowing Activity	
<p>INSTRUCTIONS</p> <p>Complete Parts VII and VIII of this form only if you believe the action you are appealing is based on whistleblowing activities. If you filed a complaint with the Office of Special Counsel (OSC) using Form OSC-11 (8/00) before filing this appeal, you may attach a copy of Part 2, Reprisal for Whistleblowing, of the OSC form together with any continuation sheet or supplement filed with OSC. This will give the Board the information requested in blocks 39(a) through (c) below. Please complete the other blocks in this part even if you attach Form OSC-11.</p>	
<p>39.a) Have you disclosed information that evidences a violation of any law, rule, or regulation: gross mismanagement; a gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety?</p> <p><input type="checkbox"/> Yes (attach a copy or summary of disclosure) <input type="checkbox"/> No</p>	<p>39.b) If yes, provide the name, title, and office address of the person to whom the disclosure was made</p>
<p>39.c) Date the disclosure was made (month, day, year)</p>	
<p>40. If you believe the action you are appealing was... (please check appropriate box)</p> <p style="text-align: center;"> <input type="checkbox"/> Threatened <input type="checkbox"/> Proposed <input type="checkbox"/> Taken <input type="checkbox"/> Not Taken </p> <p>...because of a disclosure evidencing a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety, provide:</p> <p>a) a chronology of facts concerning the action appealed; and</p> <p>b) explain why you believe the action was based on whistleblowing activity and attach a copy of any documentary evidence</p>	
<p>41.a) Have you sought corrective action from the Office of Special Counsel concerning the action which you are appealing?</p> <p><input type="checkbox"/> Yes (attach a copy of your request to the Office of Special Counsel for corrective action) <input type="checkbox"/> No</p>	<p>41.b) If yes, date(s) filed (month, day, year)</p>
<p>41.c) Place filed (location, number and street, city, state, and ZIP code)</p>	

42. Have you received a written notice of your right to file this appeal from the Office of Special Counsel? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No	
43. a) Have you already requested a stay from the Board of the action you are seeking to appeal? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No	43. b) If yes, date requested (month, day, year)
43. c) Place filed (location, number and street, city, state, and ZIP code)	43. d) Has there been a decision? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No
Part VIII Stay Request	
INSTRUCTIONS	
<p>You may request a stay of a personnel action allegedly based on whistleblowing at any time after you become eligible to file an appeal with the Board under 5 C.F.R. 1209.5, but no later than the time limit set for the close of discovery in the appeal. The stay request may be filed prior to, simultaneous with, or after the filing of an appeal. When you file a stay request with the Board, you must simultaneously serve it upon the agency's local servicing personnel office or the agency's designated representative. 5 C.F.R. 1209.8.</p> <p>If your stay request is being filed prior to filing an appeal with the Board, you must complete Parts I and II and items 41 through 43 above.</p>	
44. On separate sheets of paper, please provide the following. Please put your name and address at the top of each page.	
<p>a. A chronology of facts, including a description of the disclosure and the action taken by the agency (unless you have already supplied this information in Part VII above).</p> <p>b. Evidence and/or argument demonstrating that the:</p> <p>(1) action threatened, proposed, taken, or not taken is a personnel action, as defined in 5 C.F.R. 1209.4(a); and</p> <p>(2) action complained of was based on whistleblowing, as defined in 5 C.F.R. 1209.4(b) (unless you have already supplied this information in Part VII above).</p>	<p>c. Evidence and/or argument demonstrating that there is a substantial likelihood that you will prevail on the merits of your appeal of the personnel action.</p> <p>d. Documentary evidence that supports your stay request.</p> <p>e. Evidence and/or argument addressing how long the stay should remain in effect.</p> <p>f. Certificate of service specifying how and when the stay request was served on the agency.</p> <p>g. You may provide evidence and/or argument concerning whether a stay would impose extreme hardship on the agency.</p>
<p>Privacy Act Statement: This form requests personal information which is relevant and necessary to reach a decision in your appeal. The Merit Systems Protection Board collects this information in order to process appeals under its statutory and regulatory authority. Since your appeal is a voluntary action you are not required to provide any personal information in connection with it. However, failure to supply the Merit Systems Protection Board with all the information essential to reach a decision in your case could result in the rejection of your appeal.</p> <p>The Merit Systems Protection Board is authorized under provisions of Executive Order 9397, dated November 22, 1943, to request your Social Security number, but providing your Social Security number is voluntary and failure to provide it will not result in the rejection of your appeal. Your Social Security number will only be used for identification purposes in the processing of your appeal.</p> <p>You should know that the decisions of the Merit Systems Protection Board on appeals are final administrative decisions and, as such, are available to the public under the provisions of the Freedom of Information Act. Additionally, it is possible that information contained in your appeal file may be released as required by the Freedom of Information Act. Some information about your appeal will also be used in depersonalized form as a data base for program statistics.</p> <p>Public Reporting Burden: The public reporting burden for this collection of information is estimated to vary from 20 minutes to 1 hour, with an average of 30 minutes per response, including time for reviewing the form, searching existing data sources, gathering the data necessary, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Financial and Administrative Management, Merit Systems Protection Board, 1615 M Street, NW., Washington, DC 20419.</p>	

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[66 FR 30635, June 7, 2001]

APPENDIX II TO PART 1201—APPROPRIATE REGIONAL OR FIELD OFFICE FOR FILING APPEALS

All submissions shall be addressed to the Regional Director, if submitted to a regional office, or the Chief Administrative Judge, if

submitted to a field office, Merit Systems Protection Board, at the addresses listed below, according to geographic region of the employing agency or as required by §1201.4(d) of this part. The facsimile numbers listed below are TDD-capable; however, calls will be answered by voice before being connected

Merit Systems Protection Board

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to the TDD. Address of Appropriate Regional or Field Office and Area Served:

1. Atlanta Regional Office, 401 West Peachtree Street, N.W., 10th floor, Atlanta, Georgia 30308-3519, Facsimile No.: (404) 730-2767, (Alabama, Florida, Georgia, Mississippi, South Carolina, and Tennessee).
2. Central Regional Office, 230 South Dearborn Street, 31st floor, Chicago, Illinois 60604-1669, Facsimile No.: (312) 886-4231, (Illinois; Indiana; Iowa; Kansas City, Kansas; Kentucky; Michigan; Minnesota; Missouri; Ohio; and Wisconsin).
- 2a. Dallas Field Office, 1100 Commerce Street, Room 6F20, Dallas, Texas 75242-9979, Facsimile No.: (214) 767-0102, (Arkansas, Louisiana, Oklahoma, and Texas).
3. Northeastern Regional Office, U.S. Customhouse, Room 501, Second and Chestnut Streets, Philadelphia, Pennsylvania 19106-2987, Facsimile No.: (215) 597-3456, (Delaware; Maryland—except the counties of Montgomery and Prince George’s; New Jersey—except the counties of Bergen, Essex, Hudson, and Union; Pennsylvania; and West Virginia).
- 3a. Boston Field Office, 99 Summer Street, Suite 1810, Boston, Massachusetts 02110-1200, Facsimile No.: (617) 424-5708, (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont).
- 3b. New York Field Office, 26 Federal Plaza, Room 3137-A, New York, New York 10278-0022, Facsimile No.: (212) 264-1417, (New Jersey—counties of Bergen, Essex, Hudson, and Union; New York; Puerto Rico; and Virgin Islands).
4. Washington Regional Office, 1800 Diagonal Road, Alexandria, Virginia 22314, Facsimile No.: (703) 756-7112, (Maryland—counties of Montgomery and Prince George’s; North Carolina; Virginia; Washington, DC; and all overseas areas not otherwise covered).
5. Western Regional Office, 250 Montgomery Street, Suite 400, 4th floor, San Francisco, California 94104-3401, Facsimile No.: (415) 705-2945, (California and Nevada).
- 5a. Denver Field Office, 165 South Union Blvd., Suite 318, Lakewood, Colorado 80228-2009, Facsimile No.: (303) 969-5109, (Arizona, Colorado, Kansas—except Kansas City, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Utah, and Wyoming).
- 5b. Seattle Field Office, 915 Second Avenue, Suite 1840, Seattle, Washington 98174-1056, Facsimile No.: (206) 220-7982, (Alaska, Hawaii, Idaho, Oregon, Washington, and Pacific overseas areas).

[61 FR 4586, Feb. 7, 1996, as amended at 65 FR 58902, Oct. 3, 2000; 66 FR 57841, Nov. 19, 2001]

APPENDIX III TO PART 1201—APPROVED HEARING LOCATIONS BY REGIONAL OFFICE

Atlanta Regional Office

- Birmingham, Alabama
- Huntsville, Alabama
- Mobile, Alabama
- Montgomery, Alabama
- Jacksonville, Florida
- Miami, Florida
- Orlando, Florida
- Pensacola, Florida
- Tallahassee, Florida
- Tampa/St. Petersburg, Florida
- Atlanta, Georgia
- Augusta, Georgia
- Macon, Georgia
- Savannah, Georgia
- Jackson, Mississippi
- Charleston, South Carolina
- Columbia, South Carolina
- Chattanooga, Tennessee
- Knoxville, Tennessee
- Memphis, Tennessee
- Nashville, Tennessee

Central Regional Office

- Chicago, Illinois
- Indianapolis, Indiana
- Davenport, Iowa/Rock Island, Illinois
- Des Moines, Iowa
- Lexington, Kentucky
- Louisville, Kentucky
- Detroit, Michigan
- Minneapolis/St. Paul, Minnesota
- Kansas City, Missouri
- Springfield, Missouri
- St. Louis, Missouri
- Cleveland, Ohio
- Cincinnati, Ohio
- Columbus, Ohio
- Dayton, Ohio
- Milwaukee, Wisconsin

Dallas Field Office

- Little Rock, Arkansas
- Alexandria, Louisiana
- New Orleans, Louisiana
- Oklahoma City, Oklahoma
- Tulsa, Oklahoma
- Corpus Christi, Texas
- Dallas, Texas
- El Paso, Texas
- Houston, Texas
- San Antonio, Texas
- Temple, Texas
- Texarkana, Texas

Northeastern Regional Office

- Dover, Delaware
- Baltimore, Maryland
- Trenton, New Jersey
- Harrisburg, Pennsylvania
- Philadelphia, Pennsylvania

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Pittsburgh, Pennsylvania
Wilkes-Barre, Pennsylvania
Charleston, West Virginia
Morgantown, West Virginia

Boston Field Office

Hartford, Connecticut
New Haven, Connecticut
Bangor, Maine
Portland, Maine
Boston, Massachusetts
Manchester, New Hampshire
Portsmouth, New Hampshire
Providence, Rhode Island
Burlington, Vermont

New York Field Office

Newark, New Jersey
Albany, New York
Buffalo, New York
New York, New York
Syracuse, New York
San Juan, Puerto Rico

Washington Regional Office

Washington, DC
Asheville, North Carolina
Charlotte, North Carolina
Raleigh, North Carolina
Jacksonville, North Carolina
Bailey's Crossroads, Falls Church, Virginia
Norfolk, Virginia
Richmond, Virginia
Roanoke, Virginia

Western Regional Office

Fresno, California
Los Angeles, California
Sacramento, California
San Diego, California
San Francisco, California
Santa Barbara, California
Las Vegas, Nevada
Reno, Nevada

Denver Field Office

Phoenix, Arizona
Tucson, Arizona
Denver, Colorado
Grand Junction, Colorado
Pueblo, Colorado
Wichita, Kansas
Billings, Montana
Great Falls, Montana
Missoula, Montana
Omaha, Nebraska
Albuquerque, New Mexico
Bismarck, North Dakota
Fargo, North Dakota
Rapid City, South Dakota
Sioux Falls, South Dakota
Salt Lake City, Utah
Casper, Wyoming

Seattle Field Office

Anchorage, Alaska

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Honolulu, Hawaii
Boise, Idaho
Pocatello, Idaho
Medford, Oregon
Portland, Oregon
Seattle, Washington
Spokane, Washington
Richland, Kennewick, and Pasco, Wash-
ington

[61 FR 4586, Feb. 7, 1996]

**APPENDIX IV TO PART 1201—SAMPLE
DECLARATION UNDER 28 U.S.C.1746**

Declaration

I, _____, do hereby declare:
I declare under penalty of perjury under
the laws of the United States of America
that the foregoing is true and correct.
Executed on

_____ Date

_____ Signature

**PART 1202—STATUTORY REVIEW
BOARD**

AUTHORITY: 5 U.S.C. 1204.

**§ 1202.1 Designating Chairman of Stat-
utory Review Board.**

At the written request of the Depart-
ment of Transportation, the Chairman
of the Board will designate a presiding
official of the Board to serve as the
Chairman of any Board of Review es-
tablished by the Secretary of Transpor-
tation under 5 U.S.C. 3383(b) to review
certain actions to remove air traffic
controllers.

[54 FR 28658, July 6, 1989]

**PART 1203—PROCEDURES FOR RE-
VIEW OF RULES AND REGULA-
TIONS OF THE OFFICE OF PER-
SONNEL MANAGEMENT**

GENERAL

Sec.
1203.1 Scope; application of part 1201, sub-
part B.
1203.2 Definitions.

PROCEDURES FOR REVIEW

1203.11 Request for regulation review.
1203.12 Granting or denying the request for
regulation review.
1203.13 Filing pleadings.