



The Colorado Partnership for Quality Jobs and Services Act

INSTRUCTIONS FOR APPEAL OF STATE PERSONNEL DIRECTOR'S COVERAGE DECISION

Under the [Colorado Partnership for Quality Jobs and Services Act](#) ("Act") (C.R.S. § 24-50-1101 et seq.), a certified employee organization or the state may file a petition with the State Personnel Director to resolve disputes about whether certain employees are appropriately classified as covered employees. Appeals of the State Personnel Director's decision shall be brought to the Division of Labor Standards and Statistics for adjudication pursuant to the [State Labor Relations Rules, 7 CCR 1103-12](#).

The Division must receive the Notice of Appeal no later than **35 calendar days** from the date of decision of the State Personnel Director. Late appeals will not be accepted. If an appeal is not filed within 35 days, the decision of the State Personnel Director regarding covered employees is final.

Fill out the Notice of Appeal form completely and sign it. Explain the basis for the appeal and why you believe the decision of the State Personnel Director is in error with respect to the law or the facts. Attach any supporting evidence.

Make copies before filing. Retain a copy of the completed Notice of Appeal form and any supporting evidence for your records.

File your completed, signed Notice of Appeal form and any supporting evidence with the Division by mail, fax, email, or hand-delivery:

Division of Labor Standards and Statistics
707 17th Street, Suite 2400
Denver, Colorado 80202
Fax: (303) 318-8400
Email: cdle_ls_appeals@state.co.us

Send a copy of the Notice of Appeal Form and any supporting evidence to the State Personnel Director at DPA_LaborRelations@state.co.us

The State Personnel Director shall have **21 calendar days** to file a Response with the Division by mail, fax, email, or hand-delivery. A copy shall be sent to the Appealing Party.

The Appealing Party shall have **21 calendar days** to file a Reply with the Division by mail, fax, email, or hand-delivery. A copy shall be sent to the State Personnel Director.

The Division will assign a Hearing Officer who may (1) conduct a hearing or (2) may issue a decision based on the existing record.

The Hearing Officer may order the parties to testify or to produce documents and other relevant evidence as deemed necessary.

For hearings, the Division will notify all parties of the date and time of the hearing and other deadlines and instructions related to the appeal process. During the hearing, all parties will be able to testify, present arguments, and question the other witnesses.

The Appealing Party may withdraw the appeal at any time before the Hearing Officer issues a decision.

Questions? Call the appeals staff at (303) 318-8442 or email: cdle_ls_appeals@state.co.us. Staff may answer questions about the appeal process but may not discuss the merits of the appeal.





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NOTICE OF APPEAL:

COVERAGE DECISION BY THE STATE PERSONNEL DIRECTOR

Appealing Party: <i>(check one)</i> CERTIFIED EMPLOYEE ORGANIZATION <input type="checkbox"/> STATE DEPARTMENT <input type="checkbox"/>		
Full Name/Title		
Mailing Address		
City	State	Zip Code
Telephone Number		Email Address
Attorney's Name <i>(if applicable)</i>		
Attorney's Telephone Number		Attorney's Email Address
Explain the basis for the appeal and state the factual or legal errors by the State Personnel Director or his/her designee, in determining whether an employee or group of employees are "covered employees." Attach additional pages if necessary and provide any supporting evidence.		
Under penalty of perjury (C.R.S. § 18-8-501, et seq.), I declare that the information provided is true and correct. If I am not the appealing party, I certify that I am acting on their behalf.		
Signature of the Person Appealing (or authorized representative)		Date

