



Form 89 – Appeal notice - *Public Sector Act 2022*

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Public Sector Act 2022, ss 130 to 133*Industrial Relations Act 2016*, Chapter 11, Part 6, Divisions 4 and 5

Information

- Use this form to make a public sector appeal to the Queensland Industrial Relations Commission.
- Please read this form carefully and complete all relevant sections.
- For information on completing the application, please see the Public Sector Appeal Guide located on the website www.qirc.qld.gov.au.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing. For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

1. Appellant's details

Title [please select]:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mx	<input type="checkbox"/> Other: _____
Name of Appellant:						
Postal address:						
	Suburb/Town					Postcode
Phone number:				Mobile number:		
Email address:						
Special requirement [i.e. interpreter, attendant carer]:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please specify: _____				

2. Appellant's employment details

Job title:	
Classification:	
Department/Agency/Entity:	
Section/Unit:	
Location:	
Contact name [if known]:	
Email address [if known]:	

3. Type of decision being appealed

Please choose one decision type only

✓	Decision type being appealed	Details	
<input type="checkbox"/>	A conversion decision [for more information, see s 115, s116, s 120 or s 121 of the Act, as well as the relevant Directive]	Type of review: <input type="checkbox"/> Casual <input type="checkbox"/> Fixed-term temporary <input type="checkbox"/> Higher classification Date current contract expires:	
<input type="checkbox"/>	A directive decision [about a decision made, or failed to be made, under a directive issued in accordance with s 222 or s 223 of the Act]	Have you used the employer's individual grievances process before lodging appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No I am not required to use the process before lodging this appeal Name of Directive:	
<input type="checkbox"/>	A disciplinary decision [for more information see Chapter 3, Part 8, Division 3 of the Act, as well as the relevant Directive]	<input type="checkbox"/> Current decision <input type="checkbox"/> Decision in relation to former employment Date decision takes/took effect:	
<input type="checkbox"/>	A fair treatment decision	Have you used the employer's individual grievances process before lodging appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No I am not required to use the process before lodging this appeal [see s 562A of the <i>Industrial Relations Act 2016</i>]	
<input type="checkbox"/>	A promotion decision [Please complete Section 6]		
<input type="checkbox"/>	A suspension without pay decision [for more information, see s 101 of the Act]	Date decision takes/took effect:	
<input type="checkbox"/>	A transfer decision [for more information, see Chapter 4, Part 4, Division 3 of the Act, as well as the relevant Directive]	<input type="checkbox"/> I have used the employer's individual grievances process before lodging appeal Date transfer takes effect:	
<input type="checkbox"/>	A work performance direction decision [for more information, see s 124 of the Act]		
<input type="checkbox"/>	A decision made under another Act which allows me to appeal	Name of relevant Act:	

4. Appeal Entitlement Checklist

Employment status (pick one below):

<input type="checkbox"/>	I am an employee and my appeal falls within one of the categories in Section 3
<input type="checkbox"/>	I am a fixed term temporary employee, and my appeal falls within one of the categories in Section 3
<input type="checkbox"/>	I am a casual employee, and my appeal falls within one of the categories in Section 3
<input type="checkbox"/>	I am a former public sector employee who is appealing a disciplinary declaration made by a former Department/Agency/Entity

5. Appeal Decision Checklist

Decision being appealed

<input type="checkbox"/>	I have attached a copy of the decision I am appealing. <i>Your appeal will not be processed unless a copy of the decision is provided with this Appeal Notice</i>	
	The date I received the decision was:	
<input type="checkbox"/>	I have briefly summarised the reasons why I am appealing in Section 7 'Reasons for Appeal' of this Appeal Notice	
<input type="checkbox"/>	I am filing this Appeal Notice within 21 days after I was given the decision (by 5.00 pm on the 21 st day after I was given the decision) OR <input type="checkbox"/> I am applying for an extension of time to file my Appeal Notice. The reason I could not file my Appeal Notice within the 21-day time frame is: <i>Please attach a schedule if more room required</i>	

6. Appeal against a promotion decision

Please fill out this section only if you are appealing against a promotion decision.

If all boxes are not ticked, you are not entitled to lodge an appeal and your Appeal Notice will not be processed.

<input type="checkbox"/>	My application for the vacancy was lodged before the closing date
<input type="checkbox"/>	I have sought feedback on why I was unsuccessful for the vacancy
<input type="checkbox"/>	I have briefly summarised the reasons why I believe the recruitment and selection process was deficient in Section 7 'Reasons for Appeal' of this Appeal Notice
<input type="checkbox"/>	I am a tenured public sector employee
<input type="checkbox"/>	The appointment was a promotion for the appointee
<input type="checkbox"/>	The role is remunerated at a level no greater than the equivalent of an AO8 salary
<input type="checkbox"/>	The appointment has been publicly notified in: <input type="checkbox"/> Queensland Government Gazette <input type="checkbox"/> Queensland Health Services Bulletin <input type="checkbox"/> Other – please specify: _____
<input type="checkbox"/>	I have attached a copy of the page of the publication (i.e. Gazette) relevant to this appeal. <i>Your appeal will not be processed unless a copy of the publication is provided with this Appeal Notice</i>
Date of publication:	
Job title:	
Classification:	
Name of Department/Agency/Entity:	
Section/Unit:	
Location:	
Name of appointee [if known]:	
Date of appointment [if known]:	

7. Reasons for Appeal

Briefly state the basis of your appeal. You should refer to the Appeals Guide and relevant Directive to determine whether you have a valid ground for appeal

Please attach a schedule if more room required

- ☐ I am filing this Appeal Notice in accordance with s 134 of the *Public Sector Act 2022* and I undertake to make myself available to progress the appeal.

8. Signature of Appellant

Signature:

Name:

Date: