**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS**

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| **IN THE COURT OF CENTRAL JURISDICTION** |

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| [ ]  **District I**  | [ ]  **District II** | [ ]  **District III** |

Case File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF APPEAL**

**OF EMPLOYEE GRIEVANCE COMMITTEE DECISION**

(pursuant to Mille Lacs Band Personnel Policy and Procedures Manual-Appendix A)

You or your attorney/lay advocate must submit this Notice of Appeal of Employee Grievance Committee Decision within ten (10) business days after you receive the Grievance Committee’s written decision. When you file this Notice of Appeal, you must pay a $25.00 filing fee to the Clerk of the District Court or file an Application for Fee(s) Waiver (*Informa Pauperis)* and the District Court may waive the filing fee.

This Notice of Appeal must be accompanied by the following documents: (1) a copy of your termination letter or notice, (2) a copy of your written request for a hearing before the Grievance Committee, and (3) a copy of the Grievance Committee decision.

Within ten (10) business days from receiving the written Grievance Committee decision, you must serve a copy of your completed Notice of Appeal and all the attachments on the Mille Lacs Band by mailing or hand-delivering the documents to the Office of the Solicitor General at 43408 Oodena Drive, Onamia, MN 56539 and the Human Resources Director at 43408 Oodena Drive, Onamia MN 56539.

1. **Please provide the following information for the employee who is appealing:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First Middle Last) Employee # (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Position From Which Terminated Date Hired Date Terminated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code Telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

Are you represented by legal counsel? [ ]  Yes (if yes, complete following section) [ ]  No

1. **Please provide the following information for the legal counsel for the employee who is appealing:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First Middle Last) Firm (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code Telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

Is legal counsel admitted to practice before the Mille Lacs Band Court of Central Jurisdiction?

[ ]  Yes, admitted [ ]  No, not admitted [ ]  No, but an application for bar admission has been filed

1. **Grievance Committee Decision Being Appealed**

Date of Employee’s Written Request for a Grievance Committee Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a Copy of the Written Request Attached? [ ]  Yes [ ]  No

Date of the Grievance Committee’s Written Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a Copy of the Grievance Committee’s Decision Attached? [ ]  Yes [ ]  No

1. **Reason for Termination:**

Date of Termination Letter or Notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author of the Termination Letter or Notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Author of Termination Letter of Notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a Copy of the Termination Letter or Notice Attached? [ ]  Yes [ ]  No

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| Explain here the Substance of the Grievance Committee’s Decision (for example, why was the employee terminated and why did the Grievance Committee decide to uphold the termination?):[ ]  Additional Pages Attached |

1. **Transcript of Grievance Committee Hearing**

Do you wish to request a transcript of the Grievance Committee hearing and include it in the record for this appeal?

[ ]  Yes [ ]  No

1. **Supplementation of Record on Appeal**

The record on appeal will consist of: (a) the termination letter or notice, (b) the employee’s written request for a Grievance Committee hearing, (c) all documents and exhibits submitted to the Grievance Committee, (d) if requested by either party, the transcript of the Grievance Committee proceedings, and (e) the Grievance Committee’s Committee written decision.

You, as the appealing employee, may request to supplement the record before the District Court in this Notice of Appeal. You must, however, be able to demonstrate that: (a) it is likely that the evidence you propose to add to the record would have changed the Grievance Committee’s decision and there was good cause for not submitting the evidence to the Grievance Committee, **or** (b) the evidence you plan to propose to add to the record will show that it is likely that evidence submitted to the Grievance Committee was false and that it is likely that the false evidence had an effect on the Grievance Committee’s decision.

Do you wish to request to supplement the record before the District Court? [ ]  Yes [ ]  No

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| Please list the items that you propose to add to the record:**A.** |
| **B.** |
| **C.** |
| **D.** |
| **E.** |

1. **Grievance Committee’s Decision As Inconsistent with Band Policy.**

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| Please state the reason(s) why you believe the Grievance Committee’s decision is not consistent with the Mille Lacs Band Personnel Policy and Procedures. You may use additional pages if necessary.[ ]  Additional Pages Attached |

1. **Relief Sought**

Please indicate what type of relief you are requesting the District Court order if it overturns the Grievance Committee’s decision.

[ ]  Reinstatement to last-held position [ ]  Back pay for the period from termination to reinstatement (amount may not exceed

 twelve (12) weeks of salary)

1. **Confidentiality and Public Access**

Please be advised that, because of the sensitivity of employment matters, all papers filed and served in the District Court and Court of Appeals are confidential and shall not be disclosed publicly unless the court-ordered. All court hearings are closed to the public. All parties must take reasonable steps to prevent the disclosure of confidential information unless court-ordered.

1. **Date of Service**

Please indicate the date and the method by which you served a copy of this Notice of Appeal on the Mille Lacs Band of Ojibwe through the Office of the Solicitor General:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method of Service: [ ]  By U.S. mail

Date Served

 [ ]  By personal delivery

Please indicate the date and the method by which you served a copy of this Notice of Appeal on the Mille Lacs Band of Ojibwe Human Resources Director:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method of Service: [ ]  By U.S. mail

Date Served

 [ ]  By personal delivery

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Employee Appealing Date**

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| You must either email this Notice of Appeal to: MLBO.Court@MilleLacsBand.com or mail it to:Mille Lacs Band Court of Central Jurisdiction43408 Oodena DriveOnamia, Minnesota 56539 |