

New York State Public Employees Federation
Committee on Ethics and Responsibility
1168-70 Troy-Schenectady Road
PO Box 12414
Albany, NY 12212-2414
1-800-342-4306
Online at PEF.org

ETHICS APPEALS FORM ERC#_____ Office Use

Appellant Name

Full Home Address

Instructions: Obtain a copy of the PEF Code of Ethics, the PEF Constitution, or the PEF Policy Manual. These documents are available from your local PEF office, on the PEF website, or from the above address. In the space provided below, state why you are appealing the decision rendered by the Ethics Committee or the Hearing Panel. Use additional sheets if necessary. **Please note – new information may not be submitted in the Appeal that was not presented to the Ethics Committee, the Hearing Panel, or both.** Either type or print your response. Upon completion, have your signature notarized, and send a copy of the completed form and attachments to the PEF Executive Department Paralegal at the above address. You shall have thirty (30) days to appeal if the decision is personally served. If the decision is served by mail, the 30 days to appeal begins to run 7 calendar days from the date of the mailing, as shown by the date of postmark. The same time to appeal applies in the event the document is undeliverable or refused.

I have received a copy of the Ethics Committee, or Hearing Panel Decision, and the following statement(s) are my reasons for appealing:

Use additional sheets if necessary.

Oath: _____, being duly sworn, deposes and says that (s) he is the Appellant above named and that (s) he has read the above Appeal consisting of this and _____ additional page(s) and is familiar with the facts alleged therein, which facts (s) he knows to be true, except as to those matters alleged on information and belief, which matters (s) he believes to be true.

Signature of Appellant

Sworn to me this ____ day of ____ of 20____

Notary Public