

**REQUEST TO DIRECTOR TO SUBMIT A MISCONDUCT/GRIEVANCE
APPEAL OUT OF TIME**

Facility _____ Is this a resubmittal? _____yes _____no

Offender's PRINTED Name/DOC Number _____

Misconduct Appeal _____ OR Grievance Appeal Number _____

PRIOR TO SUBMISSION OF A REQUEST TO SUBMIT OUT OF TIME, THE APPEAL MUST BE DENIED BY THE FACILITY HEAD/DISTRICT SUPERVISOR AND THE ADMINISTRATIVE REVIEW AUTHORITY AS OUT OF TIME.

DO NOT ATTACH THE MISCONDUCT APPEAL, GRIEVANCE, OR ANY OTHER ITEM TO THIS REQUEST.

Date denied as untimely by facility head/district supervisor _____

Date denied as untimely by administrative review authority _____

You must prove by substantial evidence that the appeal was not submitted in a timely manner through no fault of your own. State reason below (You may use the back of the form):

I understand that I will be charged \$2 to submit this request to the director and that this form is also a request for disbursement of funds from my trust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become available. If approved, no fee will be assessed.

Offender's Signature/DOC Number

Date

Request denied Request approved

Your appeal has not been declared out of time by this office therefore your request to file an appeal out of time is premature.

Director or Director's Designee

Date

If approved, the offender may resubmit the appeal as specified in OP-060125 or OP-090124, as applicable.

DOC 060125T (R 11/15)