

PART 1 - Appellant and Agency Information

Everyone must complete Part 1.

Please type or print legibly.

1. Name (last, first, middle)

Last Hoover

First Craig

M. Initial C

Please list your first name as it appears in your official personnel records. For example, if your first name is "William" on your official personnel records, please list it that way on the appeal form, not "Bill" or "Willy."

2. Present address (number and street, city, State, and Zip code)

You must promptly notify the Board in writing of any change in your mailing address while your appeal is pending.

Address:

----- PERSONAL DETAILS REDACTED -----

City:

State:

Zip Code:

3. Telephone Numbers (include area code) and E-Mail Address

You must promptly notify the Board in writing of any change in your telephone number(s) or e-mail address while your appeal is pending.

Home:

Work:

Fax:

Cell:

e-Mail Address:

4. Name and address of the agency that took the action or made the decision you are appealing (include bureau or division, street address, city, State and Zip code)

Agency Name: Department of the Interior

Bureau: Bureau of Land Management

Address: BLM Bristlecone Field Office, 702 North Industrial Way

City: Ely

State: NV

Zip Code: 89301

Phone Number:

7752891889

5. Your Federal employment status at the time of the action or decision you are appealing:

- ☒ Permanent ☐ Temporary ☐ Term
☐ Seasonal ☐ Applicant ☐ Retired
☐ None

6. Type of appointment (if applicable):

- ☒ Competitive ☐ Excepted
☐ Postal Service ☐ SES
☐ Other (describe):

7. Your position, title, grade, and duty station at the time of the action or decision you are appealing (if applicable):

Occupational Series or Cluster:

0454

Position Title:

Rangeland Management Specialist

Grade or Pay Band:

REDACTED

Duty Station:

Ely, NV

8. Are you entitled to veteran's preference?
See [5 U.S.C. § 2108](#).

☐ Yes

☒ No

9. Length of Federal service (if applicable):

21

Years

9

Months

10. Were you serving a probationary, trial, or initial service period at the time of the action or decision you are appealing?

☐ Yes

☒ No

11. **HEARING:** You may have a right to a hearing before an administrative judge. If you elect not to have a hearing, the administrative judge will make a decision on the basis of the submissions of the parties. Do you want a hearing?

☒ Yes

☐ No

PART 2 - Agency Personnel Action or Decision (non-retirement)

Complete this part if you are appealing a Federal agency personnel action or decision other than a decision directly addressing your retirement rights or benefits. This includes certain actions that might not otherwise be appealable to the Board: individual right of action (IRA) appeals under the Whistleblower Protection Act (WPA); appeals under the Uniformed Services Employment and Reemployment Rights Act (USERRA); or appeals under the Veterans Employment Opportunities Act (VEOA). An explanation of these three types of appeals is provided in **Appendix A**.

12. Check the box that best describes the agency **personnel action or decision** you are appealing. (If you are appealing more than one action or decision, check each box that applies.)

- | | |
|--|---|
| <input type="checkbox"/> VA SES Removal from civil service | <input type="checkbox"/> VA SES Transfer to general schedule |
| <input checked="" type="checkbox"/> Removal (termination after completion of probationary or initial service period) | <input type="checkbox"/> Involuntary resignation |
| <input type="checkbox"/> Termination during probationary or initial service period | <input type="checkbox"/> Involuntary retirement |
| <input type="checkbox"/> Reduction in grade, pay, or band | <input type="checkbox"/> Denial of within-grade increase |
| <input type="checkbox"/> Suspension for more than 14 days | <input type="checkbox"/> Furlough of 30 days or less |
| <input type="checkbox"/> Failure to restore/reemploy/reinstate or improper restoration/reemployment/reinstatement | <input type="checkbox"/> Separation, demotion or furlough for more than 30 days by reduction in force (RIF) |
| <input type="checkbox"/> Negative suitability determination | <input type="checkbox"/> Other action (describe): |

13. Date you received the agency's final decision letter (if any) (MM/DD/YYYY):

04/29/2019

14. Effective date (if any) of the agency action or decision (MM/DD/YYYY):

04/29/2019

15. Prior to filing this appeal, did you and the agency mutually agree in writing to try to resolve the matter through an alternative dispute resolution (ADR) process?

- ☐ Yes (*attach a copy of the agreement*) ☒ No

16. Explain briefly why you think the agency was wrong in taking this action, including whether you believe the agency engaged in harmful procedural error, committed a prohibited personnel practice, or engaged in one of the other claims listed in **Appendix A**. **Attach the agency's proposal letter, decision letter, and SF-50, if available.** Attach additional sheets if necessary (bearing in mind that there will be later opportunities to supplement your filings).

Please see attached Additional Sheet. Also, the Notice of Proposed Removal (3/27/19) and Notice of Decision (4/29/19) are attached.

PART 2 - Agency Personnel Action or Decision (non-retirement) (continued)

17. With respect to the agency personnel action or decision you are appealing, have you, or has anyone on your behalf, filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement?

☐ Yes ☒ No

If "Yes," **attach a copy of the grievance**, enter the date it was filed, and enter the place where it was filed if different from your answer to question 4 in Part 1.

Agency Name: Date Filed (MM/DD/YYYY):

Bureau:

Address:

City: State: Zip Code:

If a decision on the grievance has been issued, **attach a copy of the decision** and enter the date it was issued (MM/DD/YYYY):

Date Issued (MM/DD/YYYY):

Answer Question 18 ONLY if you are filing an IRA appeal.

18. If you filed a whistleblowing complaint with the Office of Special Counsel (OSC), provide the date on which you did so and the date on which OSC made a decision or terminated its investigation, if applicable. **Attach copies of your complaint and OSC's termination of investigation letter**, notifying you of your right to seek corrective action from the Board.

Date Filed (MM/DD/YYYY):

Date of OSC decision or termination of investigation (MM/DD/YYYY):

Answer Question 19 ONLY if you are filing a USERRA or VEOA appeal.

19. If you filed a complaint with the Department of Labor (DOL), list the date on which you did so, and **attach a copy of your complaint**. If DOL has made a decision on your complaint, list the date of this decision, and **attach a copy of it**. If DOL has not made a decision on your complaint within 60 days from the date you filed it, state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date Filed (MM/DD/YYYY):

Has DOL made a decision on your complaint?

☐ Yes ☐ No

If "Yes," enter the date it was made. If "No", state whether you have notified DOL of your intent to file an appeal with the Board, and **attach a copy of such notification**.

Date of DOL decision (MM/DD/YYYY):

☐ Notified DOL of your intent to file an appeal with the Board?

Attached Additional Sheet:

MSPB initial appeal filing of Craig Hoover, Bureau of Land Management, Ely, Nevada – May 28, 2019

16. Explain briefly why you think the agency was wrong in taking this action, including whether you believe the agency engaged in harmful procedural error, committed a prohibited personnel practice, or engaged in one of the other claims listed in Appendix A.

The BLM was wrong in removing me because the two Specifications given for the decision were substantially inaccurate. However, even if they had been fully accurate they would fall far short of being adequate bases to support my removal. They merely rely on the inadequate allegations of: a) a few hours of delay in my locating of one permittee's permit, and b) losing my identification badge for about five minutes inside the Field Office's breakroom. The BLM's analyses of the *Douglas* Factors in both the proposed and final termination decisions also were substantially inaccurate, but even if they had been fully accurate they would be completely inadequate to justify the extreme penalty of my termination after 20 years of service to BLM.

Further, the BLM committed prohibited personnel practices. It terminated me not because of the allegations in the Specifications, but in improper retaliation for my filing an EEO complaint in 2018, and as retaliation for disclosing illegal grazing and other activities by one of its permittees, who was able to exert improper pressure on the BLM to remove me. My disclosures included: 1) during April-May 2018 I disclosed that the permittee had stolen BLM fencing material, but the BLM refused to enforce against him; 2) in June 2018 I disclosed cattle trespass by the permittee, but the BLM refused to enforce against him; 3) in late summer and early fall of 2018 I disclosed that the permittee was being allowed to graze his animals outside of the permit season and others were doing so without valid permits, but the BLM refused to enforce against them; and 4) from late 2017 to early 2019 I observed the permittee was improperly grazing sheep when his permit only covered cattle and informed the BLM, but the agency refused to enforce against him. These disclosures involved a violation of laws, rules, or regulations, as well as gross mismanagement, gross waste of funds, and abuse of authority.

Further discovery of BLM's actions is likely to reveal additional prohibited personnel practices.

PART 4 — Designation of Representative

26. Has an individual or organization agreed to represent you in this proceeding before the Board? (You may designate a representative at any time. However, it is unlikely that the appeals process will be delayed for reasons related to obtaining or maintaining representation. Moreover, you must promptly notify the Board in writing of any change in representation.)

☒ Yes (Complete the information below and sign)

☐ No

DESIGNATION:

"I hereby designate Peter Jenkins and Paula Dinerstein to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf. In addition, I specifically delegate to my representative the authority to settle this appeal on my behalf. I understand that any limitation on this settlement authority must be filed in writing with the Board."

Representative's address (number and street, city, State and Zip code)

Address: Public Employees for Environmental Responsibility (PEER)
962 Wayne Ave., Suite 610

City: Silver Spring

State: MD

Zip Code: 20910

Representative's telephone numbers (include area code) and e-mail address

Office: 202265733

Fax:

Other:

e-Mail

Address: pjenkins@peer.org; pdinerstein@peer.org

SIGN BELOW TO MAKE YOUR DESIGNATION OF REPRESENTATIVE EFFECTIVE


Appellant's Signature

5/23/2010
Date (MM/DD/YYYY)

PART 5 - Certification

27. I certify that all of the statements made in this form and any attachments are true, complete, and correct to the best of my knowledge and belief.


Signature of Appellant or Representative

5/13/2019
Date (MM/DD/YYYY)

Privacy Act Statement

This form requests personal information that is relevant and necessary to reach a decision in your appeal. The Merit Systems Protection Board collects this information in order to process appeals under its statutory and regulatory authority. Because your appeal is a voluntary action, you are not required to provide any personal information to the Merit Systems Protection Board in connection with your appeal. Conceivably, failure to provide all information essential to reaching a decision in your case could result in the dismissal or denial of your appeal.

Decisions of the Merit Systems Protection Board are available to the public under the provisions of the Freedom of Information Act and are posted to the Merit Systems Protection Board's public website. Some information about the appeal also is used in depersonalized form for statistical purposes. Finally, information from your appeal file may be disclosed as required by law under the provisions of the Freedom of Information Act and the Privacy Act. See 5 U.S.C. §§ 552, 552a.

Public Reporting Burden

The public reporting burden for this collection of information is estimated to vary from 20 minutes to 4 hours, with an average of 60 minutes per response, including time for reviewing the form, searching existing data sources, gathering the data necessary, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of the Clerk of the Board, Merit Systems Protection Board, 1615 M Street, N.W., Washington, DC 20419 or by e-mail to mspb@mspb.gov.