

This application should normally not exceed ten pages (excluding supporting documents). Please submit this application and any supporting documents, preferably electronically, to the proper Registry.

If your office or duty station at the time of the contested decision was or is located in

Your application must be filed with

Europe or Western Asia (including Turkey, Russia, Armenia, Iran, Azerbaijan, Georgia and the Arabic Peninsula).

Geneva Registry:

Registry of the United Nations Dispute Tribunal
8-14, Av de la Paix, Palais des Nations
1211 Geneva 10, Switzerland
E-mail: undt.geneva@unog.ch

Africa

Nairobi Registry:

Registry of the United Nations Dispute Tribunal
United Nations Office at Nairobi
P. O. Box 67578 (00200), Nairobi, Kenya
E-mail: undt.nairobi@unon.org

locations not covered by the Geneva and Nairobi Registries, including Central Asia (including Pakistan, Afghanistan, Turkmenistan, Uzbekistan, Kazakhstan), Eastern Asia, North America, the Caribbean, South America, and the Pacific

New York Registry:

Registry of the United Nations Dispute Tribunal
UN Plaza, United Nations Secretariat
New York, New York, 10017
E-mail: undt-newyork@un.org



Insert Applicant's name

v.

SECRETARY-GENERAL
OF THE UNITED NATIONS

APPLICATION

Registry:

See Cover Note. Additional information about geographical distribution is located at <http://iseek.un.org/M210.asp?dept=1696>.

UNDT case number:

Date of application:

Counsel for Applicant:

Insert name, e-mail address and telephone number. If self-represented, please indicate so.

Counsel for Respondent:

Note: This application should normally not exceed ten pages (excluding supporting documents). Please submit this application and any supporting documents, preferably electronically, to the proper Registry:

Geneva Registry: undt.geneva@unog.ch

Nairobi Registry: undt.nairobi@unon.org

New York: undt-newyork@un.org

I. Applicant's personal information

1. Mr. / Mrs. / Ms.
2. Family name:
3. First name:
4. Date of birth:
5. Index number:
6. Type of appointment:
7. Functional title:
8. Department/Office/Section:
9. Current duty station:
10. Duty station at the time of filing the application if different from above:
11. Duty station at the time contested administrative decision was taken:
12. If submitting application on behalf of a staff member:
 - a. Name of staff member:
 - b. Relationship to staff member:
13. Applicant's contact details:
 - a. E-mail address:
 - b. Facsimile:
 - c. Work phone:
 - d. Home phone:
 - e. Cellular phone:
 - f. Physical address for service of documents, if needed:

II. Legal Representative (if applicable)

Please attach Applicant's authorization for the Legal Representative.

1. Are you assisted by the Office of Staff Legal Assistance (OSLA)?
 - a. OSLA branch (Addis Ababa, NY, Geneva, Nairobi, Beirut):
 - b. Full name of counsel:
 - c. E-mail address:
 - d. Mailing Address:
 - e. Work Phone:
 - f. Cell:
 - g. Fax:
2. If other, please provide Counsel's information:
 - a. Name of Counsel:
 - b. Place of work and functional title:
 - c. E-mail address:
 - d. Mailing Address:

- e. Work Phone:
- f. Cell:
- g. Fax:

III. What is the decision you are complaining about?

Please attach a copy of the contested decision.

1. What was the decision about?
2. Date on which the decision was issued:
3. Date on which the decision was notified to you or on which you came to know about the decision:
4. Author of the contested decision:

IV. Management evaluation

Please attach a copy of the request and of the response.

1. Have you requested a management evaluation of the challenged decision? Yes/No.
2. If, yes, when (date)?
3. Have you received a response? Yes/No.
4. If, yes, date of the response:

V. Summary of the facts of the case or facts relied upon

Please state the facts in chronological order and as concisely as possible. Please number all paragraphs.

VI. Grounds for contesting the administrative decision

Please state the arguments in support of your allegation that the decision is unlawful and/or improper, specifying any provisions breached by this decision. Please number all paragraphs.

VII. What remedies are you seeking?

Please state the relief sought as concisely as possible. Please number all paragraphs.

VIII. Supporting documents

Please attach any material in support of your claim and number each attachment.

(a) List of supporting documents

Annex number	Title (include nature of communication, author and addressee)	Date

(b) List of translated documents included in part (a)

Annex number	Title (include nature of communication, author and addressee)	Date

IX. Signature and certification

Please attach any material in support of your claim and number each attachment.

I hereby certify that to the best of my knowledge all copies submitted to the Registrar are true copies of the original documents.

Applicant:

Name:

Date:

Signature:

Counsel (if applicable):

Name:

Date:

Signature:

Notice to the Respondent:

Pursuant to Article 10 of the Rules of Procedure, the Respondent's reply shall be submitted within 30 calendar days of the date of receipt of the application by the Respondent.