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[auat@africa-union.org](mailto:auat@africa-union.org)

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*Insert Applicant's last name*

v.

CHAIRPERSON OF THE AFRICAN UNION COMMISSION

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APPLICATION

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**Date of application:**

**Counsel for Applicant:**

*If self-represented, please state so.*

**Counsel for Respondent:**

*If unknown, leave blank.*

<b>I. Applicant's general information</b>
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1. Title (Mr. Mrs. or Ms):
2. Last name:
3. First name:
4. Middle name(s):
5. Applicant's employment information:
  - a. Type of appointment:
  - b. Grade and step:
  - c. Functional title:
  - d. AU entity of employment/Organ/regional or representational office:
  - e. Duty station:
  - f. Staff Identification number:

6. Nationality:
7. If submitting application on behalf of an incapacitated or deceased staff member:
  - a. Last name of staff member:
  - b. First name of staff member:
  - c. Relationship to Applicant:
8. If you are a former AU staff member, your separation date:

**II. Applicant's employment information at the time of the contested decision**

1. Employment information at the time of the contested decision (if different from above):
  - a. Type of appointment:
  - b. Grade and step:
  - c. Functional title:
  - d. AU entity of employment/Organ/regional or representational office:
  - e. Duty station:
  - f. Staff Identification number:

**III. Applicant's contact information**

1. Your contact information:
  - a. Email address for correspondence:
  - b. Optional email address:
  - c. Cellular phone:
  - d. Work phone:
  - e. Home phone:
  - f. Facsimile:
  - g. Mailing address:

**IV. Applicant's representation**

*If you nominate a legal representative, all case-related communications will be handled by the representative. Please attach your signed authorization for the legal representative.*

1. Are you assisted by a legal representative? Yes \_\_\_ No \_\_\_
2. If yes, identify whether you are represented by counsel:
3. Legal representative's contact information:
  - a. Last name:
  - b. First name:
  - c. Place of work and functional title:
  - d. Email address:
  - e. Cellular phone:
  - f. Work phone:
  - g. Facsimile:
  - h. Mailing address:

4. If you are represented by counsel, please provide details of jurisdiction in which he or she is admitted to practice:

**V. Details of the contested decision**

*Please attach a copy of the contested decision*

1. Briefly describe the decision:
2. Name and title of official who made the decision:
3. When and how did you first become aware of the decision:
4. Date on which the decision was made:

**VI. Administrative review request**

Before filing an application with the Tribunal, Applicants must first request administrative review of the contested decision by the chairperson or other designated official. Applicants contesting a disciplinary decision are not required to file an administrative review request.

1. Have you requested that the contested administrative decision be reviewed? Yes \_\_\_ No \_\_\_
2. If yes, when (date)?
3. Have you received a response? Yes \_\_\_ No \_\_\_
4. If yes, date of the response and date on which you received it:
5. Attach the request and any response:

**VII. 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.*

**VIII. Grounds for contesting the administrative decision**

*Please state the arguments in support of your allegation that the contested decision was wrongful or unlawful, specifying the provisions of the Staff Regulations and Rules which have been violated. Please number all paragraphs.*

**IX. What remedies are you seeking?**

*Please state the relief sought as concisely as possible, including the amount of compensation and/or damages, if any, claimed and any provisional measures sought. Please number all paragraphs.*

**X. Supporting documents**

*Please attach any supporting documents and number each attachment. Please do not attach documents of unusual size without first obtaining authorization from the Tribunal. Witness statements, if any must be submitted in the form of an affidavit. The table of contents may follow the following format.*

Annex number	Title (include nature of communication, author and addressee)	Date (dd/mm/yyyy)
1	Authorization for the legal representative	
2	Final administrative decision	
3	Request for administrative review	
4	Response to request for administrative review	

**XI. Signature and certification**

I hereby certify that to the best of my knowledge the information provided in this application form is true, accurate and complete and all copies submitted to the Administrative Tribunal are true copies of the original documents.

***Applicant:***

Name:

Date:

Signature:

***Legal representative (if applicable):***

Name:

Date:

Signature: