

GRIEVANCE - EMPLOYEE APPEAL FORM



Name _____ Department _____

Position _____ Supervisor _____

This appeal is in reference to: [Suspension; Termination] _____

For: [Poor Performance; Attendance; Insubordination; Violation of Company Policy; etc.] _____

Date Action Originally Occurred _____

Consideration for granting a grievance review shall be based upon the following criteria:

1. A procedural error occurred that significantly impacts the decision-making in the action taken.
2. New information or evidence was unavailable during the course of the fact-finding and substantially impacts the outcome.
3. The sanctions taken are substantially disproportionate to the severity of the violations, and/or inconsistent with applicable policy.

Please describe in detail what happened, citing one or more of the above criteria as the reason(s) your appeal should be granted. Use a separate sheet of paper if necessary:

Your signature and date is necessary in order for the Human Resources Department to act on this appeal.

Signature _____ Date _____

HR Receipt _____ Date _____