Grievance - Employee Appeal Form

Name _____________________  Department _________________________
Position ____________________  Supervisor __________________________

This appeal is in reference to: [Written Warning; Final Warning; 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

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