**APPEAL FORM**

**EMPLOYEE**

(To be completed within five working days of action having been taken, by an employee wishing to appeal)

I --------------------------------------------------------------- wish to appeal against the outcome of the hearing dated on………………………, chaired by ………………………………………. for the following reasons;

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

In terms of this appeal, I ask that the following action be done

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Employee’s Signature: -------------------------------------

Received by ------------------------------------------------on this ----------- day of --------------- 2021

Signature: ---------------------------------------

**EMPLOYER**

(To be completed by the Senior Manager hearing the appeal)

Date received: --------------------------------------------------

Finding/reasons of appeal:

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Outcome of the appeal**:

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Senior Manager Signature: ----------------------------------------------- Date: ------------------

## Employee’s Signature: ----------------------------------------------- Date: ------------------