



## Employee Infraction Appeal Form

Name \_\_\_\_\_

Position \_\_\_\_\_

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 actions 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

\_\_\_\_\_ Management Receipt Date

\_\_\_\_\_ Management Signature

