

Disciplinary Action Appeal Form

Instructions: Use this form to formally appeal a disciplinary action. Please complete all sections thoroughly. Once completed, print this form and submit it to the Human Resources Department within the designated timeframe specified in the company handbook.

1. Employee Information

Employee Full Name:

Employee ID Number:

Job Title:

Department:

Supervisor/Manager Name:

Date of Appeal Submission:

2. Details of Disciplinary Action

Date Disciplinary Action was Issued:

Person Who Issued the Discipline:

Type of Discipline (e.g., Warning, Suspension):

3. Reason for Appeal

Please explain in detail the grounds for your appeal. State clearly why you disagree with the disciplinary action, providing any factual details, dates, or names of witnesses that support your appeal.

4. Requested Resolution

Specify the outcome or resolution you are seeking through this appeal process:

5. Acknowledgment and Signature

By signing below, I certify that the information provided in this appeal form is true, accurate, and complete to the best of my knowledge.

Employee Signature: Date:

6. HR Use Only (Do Not Write Below This Line)

Date Appeal Form Received:

HR Representative Name:

HR Representative Signature:

Scheduled Hearing/Review Date: