



Employee Name _____ RIN # _____ Department _____ Job Title _____

Re: Performance/Behavior Infraction _____ Date of Infraction _____

A. Details of infraction (Attach copy of original Disciplinary Action Form): Add any additional information that may not have been included on original Disciplinary Action Form.

B. Provide details of discipline given as a result of infraction.

C. Reason for appeal of discipline (Provide any supporting documentation/details):

D. Names of Peer Members:

Peers:

Managers:

E. Date of Panel Meeting: _____

F. Decision of Panel: _____

Original Decision Upheld _____

Panel's recommendation for alternate discipline or dismissal charges.

Signature of Panel Members: _____

Date: _____

FOR HUMAN RESOURCES USE ONLY

Recommendation of Panel Approved: _____

Recommendation of Panel Denied: _____

Division of Human Resources Signature of Approval: _____ Date: _____

My signature implies that I have received a copy of this appeal of Disciplinary Action Form and understand that the decision is final.

Signature of Employee _____ Date: _____