



Staff Peer Review Appeal Form

Employee Name _____ RIN # _____ Department _____ Job Title _____

Performance/Behavior Infraction _____ Date(s) of Infraction _____

A. Details of infraction (Attach copy of original Disciplinary Action Form, Memo or Letter): 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. State reason for appeal of discipline and provide any supporting documentation. (Attach additional pages if necessary.)

Signature of Employee Filing Appeal: _____ Date: _____

FOR DIVISION OF HUMAN RESOURCES USE ONLY

D. Date Appeal Received in Division of Human Resources: _____

E. Names of Peer Review Panel Members

Peers: _____ Director: _____

1. _____

2. _____ Vice President: _____

3. _____

F. Date of Panel Meeting: _____

G. Panel Recommendation Grant the Request _____ Deny the Request/Uphold Original Decision _____

Modify the Appeal Request (e.g., alternate discipline) and/or Recommendation to Change Policy and/or Procedure:

H: Signature of Panel Members Certifying Recommendation

Peers: _____ Director: _____

1. _____

2. _____ Vice President: _____

3. _____

Recommendation of Panel Approved: _____

Recommendation of Panel Denied: _____

President or President's Designee's Signature of Approval: _____ **Date:** _____