



## 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:** \_\_\_\_\_