**DISCIPLINARY APPEAL FORM**

**(TO BE SENT TO CHAIRMAN AND HR DEPARMENT WITHIN 5 WORKING DAYS AFTER THE OUTCOME OF THE DISCIPLINARY HEARING)**

EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| REASON FOR CONSIDERING DISCIPLINARY SANCTION UNFAIR |

1. The disciplinary procedure was not properly adhered to YES/NO

2. New evidence, not previously been submitted, is available YES/NO

3. The disciplinary sanction was too harsh YES/NO

4. The chairperson was biassed YES/NO

DETAILED SUBSTANTIATION OF THE ABOVE:

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SIGNATURES:

Employee: …….………………………… Date: ……………….....….

Management: ………………………......Date: …………………..