



APPEAL FORM

Check Appropriate Box:

Written Reprimand
(Attach Copy)

Performance Evaluation
(Attach Copy)

Date Issued:

Date Issued:

Employee Name:

Bargaining Unit:

Employee ID:

Job Title:

Unit:

Unit Manager:

Contact #:

Appeals of Written Reprimands/Performance Evaluations shall be received by the next higher level of supervision (insert name) and Labor Relations within 15 working days of employee receipt.

Employee Response:

(Be specific and use attachments if necessary)

Employee Signature: _____ Date: _____

CC: Unit Manager; Bargaining Unit President; Assigned Representative; Labor Relations Unit; Business Administration Unit