**Disciplinary Action Appeal Form**

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | | |
| Job Title |  | Department |  |
| Employee ID |  | Contact Number |  |
| Email Address |  | Supervisor/Manager |  |

1. **Disciplinary Action Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Disciplinary Action | ☐ Warning ☐ Written Warning ☐ Suspension ☐ Termination ☐ Other: \_\_\_\_\_\_\_\_\_\_ | | |
| Date of Action |  | Issued By |  |
| Reason for Disciplinary Action |  | | |
|  | | |

**C. Reason for Appeal**

**Please explain why you believe the disciplinary action should be reconsidered. Include any facts, misunderstandings, or mitigating circumstances.**

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**D. Supporting Evidence or Documents**

**List or attach any documents that support your appeal (emails, reports, witness statements, etc.).**

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**E. Desired Outcome**

**State what resolution or corrective action you are seeking.**

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**F. Employee Declaration**

I hereby declare that all information provided in this appeal is true and accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. HR / Management Review (For Official Use Only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By |  | Date Received |  |
| Appeal Review Outcome | ☐ Approved ☐ Denied ☐ Further Investigation Required | | |
| Comments / Decision Notes |  | | |
|  | | |
|  | | |
| Reviewer’s Name |  | Reviewer’s Signature |  |
| Date |  |  |  |