



# Employee Appeals Form

To file an official appeal, complete this form and submit it to your direct supervisor. All appeals will be reviewed by the executive team and will in no way impact the terms and/or future of your employment.

## Employee Information

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of direct supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

## Appeal Information

---

This appeal is in reference to:

- |   |   |
|---|---|
| <input type="checkbox"/> A request for backdated mileage    | <input type="checkbox"/> A denial of request for travel             |
| <input type="checkbox"/> Reimbursement without receipt      | <input type="checkbox"/> A decision regarding pay                   |
| <input type="checkbox"/> Time off designation (unpaid/paid) | <input type="checkbox"/> A decision regarding job description/title |
| <input type="checkbox"/> Time off request rejection         | <input type="checkbox"/> Personnel transfers/assignments            |
| <input type="checkbox"/> Travel arrangements/requirements   | <input type="checkbox"/> Other                                      |

Date(s) the decision you are appealing took place: \_\_\_\_\_  
\_\_\_\_\_

Please describe, in detail, the decision made which you would like to appeal to the executive team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## For Direct Supervisor

---

You are required to sign, date, and return immediately a copy of this form to the employee filing an appeal. All appeals forms must be submitted to the executive team within 24 hours.

Date form received:

---

Name:

Title:

---

Supervisor signature:

Date:

---

## For Executive Team

---

Date submitted by supervisor:

---

Executive team members present:

Name:

Title:

---

Name:

Title:

---

Name:

Title:

---

Name:

Title:

---

Name:

Title:

---

Date of review:

---

Official decision:

---

---

---

---

CEO signature:

Date:

---