**Appeal Against Dismissal Form**

*Under the Sickness Absence Management Policy and Procedure – Schools*

**Section 1: Employee Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Grounds for Appeal**

Please tick the relevant ground(s) for your appeal and provide a detailed explanation below:

[ ]  The Procedure – I believe the sickness absence procedure was applied unfairly or inaccurately.

[ ]  The Facts – I believe the facts of the case did not support the decision, were not relevant, or new evidence has come to light.

[ ]  The Decision – I believe the sanction (dismissal) was disproportionate considering the evidence or mitigating circumstances.

**Explanation (please provide as much detail as possible):**

**Section 4: Representation**

Will you be accompanied at the appeal hearing?

[ ]  Yes  [ ]  No

If yes, please provide the name and role of your representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Declaration**

I confirm that the information provided in this form is accurate to the best of my knowledge. I understand that this appeal must be submitted within 10 working days of receiving the dismissal decision.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_