

UEL APPEAL FORM

To be sent to the Director of HR Services

Personal Details

Name of staff member raising the appeal:

School/Service:

Telephone number:

Details of Appeal

My appeal is against:

The basis of my appeal is as follows:(please use the box below):

Outcome (s) sought

I seek the following outcome (s) to my appeal (please use the box below):

Signed:

Date: