



EMPLOYEE APPEAL FORM

Employees who have been terminated for misconduct or rendered ineligible for future employment may choose to appeal by filing this Employee Discipline Appeal Form with the Office of Workplace Equity and Inclusion within five (5) business days of the termination or notice of ineligibility. All appeals must be submitted to wei@miami.edu. The Office of Workplace Equity and Inclusion shall initially review the appeal to ensure its timeliness and relevancy. Additionally, any decision regarding the merits of the appeal shall be final and binding. For more information, please consult the University's *Discipline* policy and *Eligibility for Rehire* policy.

SECTION I: EMPLOYEE'S INFORMATION

Employee's Full Name:

Employee's Contact Information:

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Employee's Position Title:

Employee's Supervisor:

SECTION II: APPEAL

1. Select Decision Being Appealed:

Termination for Misconduct

Ineligibility for Rehire

2. Date of Termination or Notice of Ineligibility:

- 3. Basis for Appeal:** Please describe why you feel the decision made should be reconsidered. Be specific. Failure to provide sufficient information regarding the basis of appeal may result in your appeal being denied due to a lack of information. Attach additional pages if necessary.

SECTION III: EMPLOYEE ACKNOWLEDGMENT

Employee's Signature:

Date: