



**NOTTAWASEPPI HURON
BAND OF THE POTAWATOMI**

A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

Employee Disciplinary Action Appeal Form And Request for Board of Review Form

This form must be completed when an employee initiates an appeal from a disciplinary action or other eligible issue as listed in the Administrative Procedures and Board of Review Policies.

The appeal **must be filed within 7 days** of the receipt of a disciplinary action or within 7 days of the occurrence of an eligible issue to be considered timely. At each step in the appeal process, the employee will have 7 days from the notice of management's action to move his or her appeal to the next step. Failure of the employee to submit his or her appeal within 7 days is considered a waiver or withdrawal of the appeal.

IF YOU HAVE ANY QUESTIONS ABOUT THIS PROCESS OR POLICY, CONTACT HUMAN RESOURCES
BEFORE YOUR 7 DAYS HAVE EXPIRED.

Name: _____ Department: _____

Job Title: _____ Work Location: _____

Work Phone: _____ Cell Phone: _____

Email: _____

1st Level Appeal (Department Head Appeal)

Date of Disciplinary Action: _____ Eligible Issue Being Appealed (*put drop down here of list*)

Supervisor Who Issued Discipline: _____

What is the nature of your claim, dispute or complaint? (*Please state facts and be specific as to the date, place and individuals involved. Attach additional pages as necessary.*)

State your understanding of the discipline issued.

What specific solution or resolution are you requesting?

In accordance with the Administrative Procedures Policy, I choose to file this appeal with my Department Head.

Employee's Signature and Date: _____

Received by HR staff _____ on this date _____

Eligible Issue for Review ☐ Yes ☐ No Skip to 2nd Level Appeal ☐ Yes ☐ No

Received by Department Head _____ on _____

Findings and decision of reviewing Department Head:

Department Head's Signature	Title	Date
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☐ **I accept this decision.** ☐ **I want to appeal this decision to the 2nd Level, CEO.**
I want to meet in person with the CEO. ☐ Yes ☐ No

IT IS YOUR RESPONSIBILIY TO CONTACT HUMAN RESOURCES AND REQUEST TO CONTINUE YOUR APPEAL. Appeals **must be requested within 7 days** of the Department Head's decision.

Employee's Signature and Date: _____

Received by HR staff _____ on this date _____

2ND Level Appeal (CEO Appeal)

What is the nature of your claim, dispute or complaint? ☐ See Above
(If your claim, dispute or complaint have changed as a result of the 1st Level Appeal, Please state the new claim, dispute or complaint here.)

State your understanding of the discipline issued and any changes as determined by the 1st Level Appeal.

What specific solution or resolution are you requesting?

Do you want to meet with the CEO in person? ☐ Yes ☐ No

Date Received by CEO _____

Findings and Decision of CEO:

Chief Executive Officer's Signature

Date

☐ I accept this decision.

☐ I want to appeal this decision to the Board of Review.

IT IS YOUR RESPONSIBILIY TO CONTACT HUMAN RESOURCES AND REQUEST TO CONTINUE YOUR APPEAL. Appeals **must be requested within 7 days** of the CEO's decision.

Employee's Signature and Date: _____

Received by HR staff _____ on this date _____

Board of Review

Board of Review Findings and Decision:

BOR Member Signature

Date

BOR Member Signature

Date

BOR Member Signature

Date