

ANNEXURE B

**UNIVERSITY OF FORT HARE APPEAL FORM**

(TO BE COMPLETED WITHIN THREE WORKING DAYS OF DISCIPLINARY ACTION HAVING BEEN TAKEN, BY AN EMPLOYEE WHO WISHES TO APPEAL)

I WISH TO APPEAL AGAINST THE DISCIPLINARY ACTION TAKEN, FOR THE FOLLOWING REASONS:

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.....

IN TERMS OF THIS APPEAL, I ASK THAT THE FOLLOWING ACTION BE TAKEN:

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.....

SIGNATURE OF EMPLOYEE.....DATE.....

RECEIVED BY MANAGER:

SIGNATURE.....DATE.....

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(TO BE COMPLETED BY THE MANAGER HEARING THE APPEAL)

DATE RECEIVED.....

DATE OF APPEAL HEARING.....

MANAGER'S COMMENTS AND FINDINGS CONCERNING THE APPEAL.....

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.....

OUTCOME OF APPEAL.....  
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SIGNATURE OF EMPLOYEE REPRESENTATIVE (IF PRESENT).....DATE.....

SIGNATURE OF EMPLOYEE..... DATE.....

SIGNATURE OF MANAGER..... DATE.....

(TO BE COMPLETED WITHIN THREE DAYS OF RECEIVING A  
WARNING, BY AN EMPLOYEE WHO WISHES TO APPEAL)

I WISH TO APPEAL AGAINST THIS WRITTEN WARNING FOR THE FOLLOWING  
REASONS:

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SIGNATURE OF EMPLOYEE..... DATE.....

RECEIVED BY SUPERVISOR:

SIGNATURE.....DATE.....

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(TO BE COMPLETED BY THE MANAGER CONSIDERING THE APPEAL)

DATE RECEIVED.....

OUTCOME OF APPEAL.....

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SIGNATURE OF EMPLOYEE REPRESENTATIVE (IF PRESENT)

..... DATE.....

SIGNATURE OF EMPLOYEE.....DATE.....