

DIRECTIONS

To file a formal review and appeal, this form must be completed and returned to Employee Relations (ER) in accordance with the guidelines of the University's regulation regarding the EHRA Review and Appeal process. All sections must be completed.

EMPLOYEE INFORMATION

First Name _____ Middle _____ Last Name _____

Position _____ Department _____

Campus Box _____ Campus Phone _____ Home Phone _____ Cell Phone _____
Please include area code. Please include area code.

Home Address _____

APPEAL INFORMATION

Date of Incident _____ Manager/Supervisor _____

Please select from the following as appropriate:

- Failure to provide the required notice or severance for (a) a discontinuation of at-will employment, (b) expiration of a term employment, or (c) termination of employment with notice, in accordance with UNC Policies 300.1.1 (for SAAOs) or 300.2.1 (for EHRA non-faculty)
- An intent to discharge for cause, or other serious sanction, was illegal or violated a policy of the Board of Governors
- An adverse employment action was based on unlawful discrimination
- The individual was adversely affected as a result of the exercise of rights under the First Amendment of the U.S. Constitution or Article I of the North Carolina Constitutions (as limited by state statute on political activity and/or by UNC policy)
- Inaccurate or misleading material is contained in the employee's personnel file and the employee seeks removal of the material

State the specific reason(s) for this appeal: (Attach additional sheets if necessary)

State the specific resolution being requested: (Attach additional sheets if necessary)

REQUEST FOR HEARING ASSISTANT: You may request a support person to assist you with your case, but you are not required to do so. The Hearing Assistant must be a University employee who is not an attorney. ER can provide you with a list of trained Hearing Assistants. Would you like a Hearing Assistant? Yes No

STATEMENT OF NON-RETALIATION: Employees have the right to use this procedure free from threats or acts of retaliation, coercion, restraint, discrimination, or reprisal. Employees may not be retaliated against for participating in the Review and Appeal process.

CERTIFICATION: I hereby certify that all information submitted on this Appeal Form is true and complete to the best of my knowledge and belief. I understand that if I continue to be employed by the University during the resolution of this appeal, I must continue to meet the performance and conduct expectations of my employment.

Employee Signature _____ **Date** _____

Send this completed form to Employee Relations - Campus Box 7210