**Next in Line Manager to complete**

|  |  |
| --- | --- |
| Received on:  |  |
| Employee Name:  |  |
| Outcome of Appeal | Upheld/Not Upheld (delete as required) |
| Reason for the decision: |  |
| Signature of Manager : |  |
| Date: |  |

To be returned to employee within 7 days