This form is to be completed by an employee wishing to appeal against the outcome of a first formal stage discussion in relation to sickness absence.

**Employee to complete**

|  |  |
| --- | --- |
| Full Name:  |  |
| Job title:  |  |
| Workplace and Department:  |  |
| Date of Sickness Absence Discussion (Please attach copy of correspondence received following your sickness absence discussion)  |  |
| Please detail why you are appealing (you can continue on a separate sheet)  |  |
| What is the outcome you seek?  |  |
| Signature of employee:  |  |
| Contact email or telephone  |  |
| Full Name:  |  |

Once you have submitted this to your line manager, you will receive written confirmation of receipt within five working days.

**Manager to complete**

|  |  |
| --- | --- |
| Received on  |   |
| Acknowledged on:  |  |
| Signature of Manager  |  |
| Date  |  |

**Next in Line Manager to complete**

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