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: |  |