



**NOTTAWASEPPI HURON  
BAND OF THE POTAWATOMI**

A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

**Employee Disciplinary Action Appeal Form  
And  
Request for Board of Review Form**

This form must be completed when an employee initiates an appeal from a disciplinary action or other eligible issue as listed in the Administrative Procedures and Board of Review Policies.

The appeal **must be filed within 7 days** of the receipt of a disciplinary action or within 7 days of the occurrence of an eligible issue to be considered timely. At each step in the appeal process, the employee will have 7 days from the notice of management's action to move his or her appeal to the next step. Failure of the employee to submit his or her appeal within 7 days is considered a waiver or withdrawal of the appeal.

IF YOU HAVE ANY QUESTIONS ABOUT THIS PROCESS OR POLICY, CONTACT HUMAN RESOURCES BEFORE YOUR 7 DAYS HAVE EXPIRED.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**1<sup>st</sup> Level Appeal (Department Head Appeal)**

Date of Disciplinary Action: \_\_\_\_\_ Eligible Issue Being Appealed (*put drop down here of list*)

Supervisor Who Issued Discipline: \_\_\_\_\_

What is the nature of your claim, dispute or complaint? (*Please state facts and be specific as to the date, place and individuals involved. Attach additional pages as necessary.*)

State your understanding of the discipline issued.

What specific solution or resolution are you requesting?

In accordance with the Administrative Procedures Policy, I choose to file this appeal with my Department Head.

Employee's Signature and Date: \_\_\_\_\_

Received by HR staff \_\_\_\_\_ on this date \_\_\_\_\_

Eligible Issue for Review  Yes  No Skip to 2<sup>nd</sup> Level Appeal  Yes  No

Received by Department Head \_\_\_\_\_ on \_\_\_\_\_

Findings and decision of reviewing Department Head:

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Department Head's Signature	Title	Date
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**I accept this decision.**  **I want to appeal this decision to the 2<sup>nd</sup> Level, CEO.**  
I want to meet in person with the CEO.  Yes  No

IT IS YOUR RESPONSIBILIY TO CONTACT HUMAN RESOURCES AND REQUEST TO CONTINUE YOUR APPEAL. Appeals **must be requested within 7 days** of the Department Head's decision.

Employee's Signature and Date: \_\_\_\_\_

Received by HR staff \_\_\_\_\_ on this date \_\_\_\_\_

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## 2<sup>ND</sup> Level Appeal (CEO Appeal)

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What is the nature of your claim, dispute or complaint?  See Above  
(If your claim, dispute or complaint have changed as a result of the 1<sup>st</sup> Level Appeal, Please state the new claim, dispute or complaint here.)

State your understanding of the discipline issued and any changes as determined by the 1<sup>st</sup> Level Appeal.

What specific solution or resolution are you requesting?

Do you want to meet with the CEO in person?  Yes  No

Date Received by CEO \_\_\_\_\_

Findings and Decision of CEO:

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Chief Executive Officer's Signature

Date

**I accept this decision.**

**I want to appeal this decision to the Board of Review.**

IT IS YOUR RESPONSIBILIITY TO CONTACT HUMAN RESOURCES AND REQUEST TO CONTINUE YOUR APPEAL. Appeals **must be requested within 7 days** of the CEO's decision.

Employee's Signature and Date: \_\_\_\_\_

Received by HR staff \_\_\_\_\_ on this date \_\_\_\_\_

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### Board of Review

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Board of Review Findings and Decision:

\_\_\_\_\_  
BOR Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BOR Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BOR Member Signature

\_\_\_\_\_  
Date