



Request for Appeal Form

Appendix A, AP-516 General Appeal Process

Please fill out and submit this form to the Director of Education via email: contact@spiritsd.ca

Employee Name: _____

Department/School: _____

Date of original decision: _____

Original decision submitted by: _____

Please state the rationale for requesting an appeal to the original decision you received. The rationale must fall into one of the following categories:

1. The decision maker had no authority or jurisdiction to reach the decision they did.
2. There was a reasonable belief of bias on the part of the decision maker.
3. The decision does not demonstrate procedural fairness in terms of approved Administrative Procedures.
4. The decision significantly impacts on individual's health or safety and is deemed to be an exceptional situation.
5. New information is being presented.

Describe the remedy or solution that you would like:

Employee Name

Date