

(School Name)

APPEAL FORM**(Appeal re: redundancy dismissal, assimilation decision etc).**

PERSONAL DETAILS:	
Surname	
Forename(s)	
Tel extension	
Substantive post (not 'acting up' post)	
Department	
PLEASE COMPLETE/DELETE THE FOLLOWING AS APPROPRIATE:	
<p>1. I disagree with the proposal to assimilate me into the new post of in because</p>	
<p>2. I consider that I should be assimilated into the post of in because</p>	
<p>3. I consider that I should be placed in a ring fence selection pool for the post of in because</p>	
<p>(If you have already been placed within a ring fence, please make it clear whether your claim is to be placed in another ring fence in addition to, or instead of, that ring fence).</p>	

4. Include here any other grounds for submitting your appeal

Please use additional sheets if you wish.

Signature

Print Name

Date

Please e-mail your completed form to: **(insert contact details)**

If you do not have e-mail please send the completed form to **(insert contact details)**

We will acknowledge receipt of your appeal form within 5 working days.
However if you do not hear from us after 5 working days of submitting your form,
please contact **(insert contact details)**.