



Employee Name	RIN #	Department	Job Title
Re: Performance/Behavior Infracti	on		Date of Infraction
A. Details of infraction (Attach copbeen included on original Disciplin		Action Form): Add any additional	information that may not have
B. Provide details of discipline giv	en as a result of infraction.		
C. Reason for appeal of discipline	(Provide any supporting doc	cumentation/details):	
D. Names of Peer Members:		Managers:	
E. Date of Panel Meeting:			
F. Decision of Panel:			
Original Decision Upheld			
Panel's recommendation for altern			
Signature of Panel Members:			Date:
FOR HUMAN RESOURCES US	SE ONLY		
Recommendation of Panel Approv	ed:		
Recommendation of Panel Denied			
Division of Human Resources Signature of Approval:			Date:
My signature implies that I have rethat the decision is final.  Signature of		l of Disciplinary Action Form and	