

	Current Revision:	
	Policy Number:	

APPEAL PROCEDURE

DOCUMENT APPROVAL

	Name	Signature	Date
Responsible Person:			

Date of Last Review:_____

Key words:

Reference documents:

Applicability: *This policy is applicable to*

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1. INTRODUCTION

Employees do not always agree with decisions made by management, be that decisions in respect of disciplinary action, poor performance consultations, ill health consultations or grievance outcomes. This procedure provides a mechanism for employees to attempt to reverse decisions, which they believe to be incorrect. The appeal procedure also acts a safeguard for the employer where the initial decision can be reviewed for both procedural and substantive fairness prior to the matter being referred to the Commission for Conciliation Mediation and Arbitration or relevant Bargaining Council.

2. THE APPEAL PROCEDURE

Should an employee feel that a decision has been made which is unfair, the employee must complete the appeal form in full.

The employee must lodge the appeal with an employee on a more senior level within 5(five) working days of becoming aware of the decision.

The person with whom the appeal has been lodged must assist the employee in completing such form clearly and completely.

The Appeal hearing must be held within 5(five) days of the appeal being lodged.

The superior with whom the appeal has been lodged must ensure that a Chairperson is arranged to conduct the Appeal Hearing. Such Chairperson must be sourced from the trained bar of superiors and must not have been involved in the process prior to the decision being made or party to making the decision.

The nominated Chairperson must ensure that he/she receives minutes of the prior meetings relevant to the decision and must inform both the employee and complainant who were a parties to the previous decision making process of the date and time of the Appeal Hearing.

At the employee's request he /she may be assisted by a representative, who shall be a fellow employee, at the Appeal Hearing and an interpreter. **New evidence/ witnesses** may also be called and cross-questioned.

At the appeal the Chairman must consider the grounds of appeal, the circumstances, new evidence or witness testimony and assess whether such process was conducted in a procedurally fair manner and whether a substantively fair decision was made.

The Appeal Chairman shall inform the employee of the decision within 5(five) days of the Appeal Hearing and which shall be final.

APPEAL FORM

NAME: : _____

EMPLOYEE NO. : _____

POSITION: _____

DEPARTMENT: _____

WHICH TYPE DECISION ARE YOU APPEALING? - tick appropriate block

DISCIPLINARY	GRIEVANCE
POOR PERFORMANCE	ILL HEALTH
OTHER, SPECIFY	

DATE OF DECISION: _____

WHAT ARE YOUR GROUNDS OF APPEAL? – Give reasons

CHAIRMAN JURISDICTION
PROCEEDINGS FOLLOWED
NEW EVIDENCE
FINDINGS
PENALTY/ CORRECTIVE ACTION

DATE APPLICATION FOR APPEAL LODGED: _____

(EMPLOYEE SIGNATURE)

(SUPERIOR'S SIGNATURE)

NOTICE TO ATTEND AN APPEAL HEARING

DEAR: _____

DATE : _____

You are hereby informed that a Appeal Hearing will be held on _____ (day) the _____ (date) at _____(time) at _____ (place) where the appeal lodged by yourself, will be investigated.

We wish to remind you that you have the following rights at the Appeal Hearing:

1. To be represented by a fellow employee of your choice or shopsteward.
2. To the assistance of an interpreter if you require one.
3. To call **new** witnesses.
4. To cross question new witness
5. To present **new** evidence
6. To be heard and to put your version to the chairperson.
7. Any Municipal employee or SALGA representative may represent the employer.

Kindly inform the Municipality of the identity of your chosen representative, interpreter and any witnesses you may wish to call.

Yours faithfully

(CHAIRMAN)

I hereby confirm notification of the above-mentioned Appeal Hearing and will attend the same:

(SIGNATURE OF EMPLOYEE)

DATE: _____

I confirm that the above mentioned employee received notification, but refused to sign acknowledgement of same and to confirm that he/she would attend the said Appeal Hearing:

(SIGNATURE OF WITNESS)

DATE: _____

OUTCOME OF APPEAL HEARING

DEAR: _____

DATE : _____

As you are aware an Appeal Hearing was conducted on _____ to investigate an appeal lodged by yourself on the _____. I hereby confirm that you were advised of your rights to a representative as well as an interpreter. You were further advised of your right to call witnesses and cross-question witnesses.

I have carefully considered your grounds of appeal and my responses are as follows:

Ground 1:

Ground 2:

In light of this I have decided to **confirm/alter** the decision of the previous Chairman.

(If it is decided to alter the previous decision explain how)

Yours faithfully

(CHAIRMAN)

I hereby confirm notification of the above mentioned Outcome of Appeal Hearing and understand the contents thereof.

(SIGNATURE OF EMPLOYEE)

DATE: _____

I confirm that the above mentioned employee received notification, but refused to sign acknowledgement of same:

(SIGNATURE OF WITNESS)

DATE: _____
