

**Appeal Against Process**

**POST TITLE: ………………………………………………………………………..**

**DEPARTMENT/DIRECTORATE: …………………………………………………….**

**Name of postholder(s): .......................................................................................**

**Line Manager:.......................................................................................................**

An appeal must be submitted **within** six months of the banding/ evaluation outcome as per the national guidelines. The appeal is to be used when the postholder ascertains that due process has not been followed. It is not a process to express dissatisfaction with the banding outcome.

Please specify your grounds for appeal.