



## EHRA Non-Faculty Employee Review and Appeal Form

### DIRECTIONS:

To file a formal review and appeal, this form must be completed and returned to the Assistant Vice Chancellor for Human Resources in accordance with the guidelines of the University's regulation regarding the Review Process and Procedure for EHRA Non-Faculty Employees. All sections must be completed.

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### EMPLOYEE INFORMATION

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Banner ID \_\_\_\_\_ Campus Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

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### APPEAL INFORMATION

Respondent (Supervisor/Manager) \_\_\_\_\_

Date of Incident \_\_\_\_\_

Please select from the following as appropriate:

- ☐ Discharge for cause or other disciplinary action violated the interpretation and application of any provision of III.D. of [The UNC Policy Manual 300.2.1.](#)
- ☐ Discontinuation with notice or severance pay upon allegations of violations of the notice requirements (Section 300.2.1.III.A.)
- ☐ Expiration of term appointments with notice upon allegations of violations of the notice requirements (Section 300.2.1.III.B.)
- ☐ Termination of employment because of financial exigency or program curtailment or elimination (Section 300.2.1.III.C.)
- ☐ Equal Employment Opportunity (Section 300.2.1.V.)
- ☐ Protected Activity (Section 300.2.1.VI.)

**State the specific reason(s) for this appeal related to the reasons selected above:** (Attach additional sheets if necessary)

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**State the specific resolution being requested:** (Attach additional sheets if necessary)

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**STATEMENT OF NON-RETALIATION:** Employees have the right to use this procedure free from threats or acts of retaliation, coercion, restraint, discrimination, or reprisal. Employees may not be retaliated against for participating in the Review and Appeal process.

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**CERTIFICATION:** I hereby certify that all information submitted on this EHRA Non-Faculty Employee Review and Appeal Form is true and complete to the best of my knowledge and belief. I understand that if I continue to be employed by the University during the resolution of this appeal, I must continue to meet the performance and conduct expectations of my employment.

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**Employee Signature**

**Date**

Send this completed form to: Assistant Vice Chancellor for Human Resources, Mail Stop 205, 210 East First Street, Greenville, NC 27858