

Leech Lake Band of Ojibwe Appeal of Termination

HR USE ONLY		
Received by_	Date	
ER Manager _	Date	

	ER Manager Date
Statement of Appeal	
Provide documentation as to why your termination shoud be	overturned.
Date of Appeal	Date of Termination
Employment Site	
Reason for Termination (As stated on PAF for Termination) _	
Name	Address
Telephone Number #1	
Telephone Number #2	
Statement of Appeal	
Please provide all documentation and evidence that is relevan	nt to your termination (e.g. Doctor justification, etc.).
Please feel free to add additional sheets, if necessary.	
Signature	Date