

PROBATION/SUSPENSION APPEAL

STANDING APPEAL FORM (PART 1)

APPELLANT INFORMATION		
Appellant Name (enter the complete legal name of the company, as well as the "Operating As" name)		
Appellant Address		
Telephone Number	Contact Name	Email address
PROBATION OR SUSPENSION DETAILS		
Effective Date	Minimum Duration	
ATTACH REASON(S) FOR APPEAL		
<ul style="list-style-type: none"> Indicate what specifically is being appealed Provide justification for appeal Attach additional pages or any documentation required to complete this section. 		
DETAILS FOR THE APPEAL MEETING		
Estimated time required to present rationale for filing appeal:		
Expected number of witnesses, if any, to speak at appeal meeting:		
Appeal Filing Fee (\$2,500.00)		
The filing fee must accompany the appeal form, or the appeal will be invalid and returned.		
Select Referee		
Select a referee and an alternate from the list provided with Probation/Suspension notice		
<ul style="list-style-type: none"> Name of selected referee _____ Name of first alternate referee _____ Name of second alternate referee _____ 		
Appellant Signature		
Signature	Printed Name of Signatory Person and Title	Date (yyyy-mm-dd)
Corporate Procurement and Supply Services (CPSS) Use Only		
Was the appeal filed on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date received _____
Was the required filing fee included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the required information on or included with the appeal form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Contract	<input type="checkbox"/> PSA <input type="checkbox"/> Contractor	

The completed appeal form, the filing fee and any supporting attachments must be submitted to the CPSS office within 7 calendar days of the deemed Date of Receipt of the Probation or Suspension. An incomplete appeal form, appeals submitted after the deadline, or appeals without the required filing fee are invalid.