

**EMPLOYMENT/VOLUNTEER ELIGIBILITY APPEALS APPLICATION
DIOCESE OF PENSACOLA-TALLAHASSEE**

Name: _____

Contact telephone number: _____

Address: _____

Position Sought/Retained: _____

Please state the reasons for your appeal. You should be as specific as possible in order to render the proper decision. You should include any additional statements from witnesses, copies of documents or other records that you wish to be considered.

(Use a separate sheet if needed)

RELEASE: By submitting this application to have this issue reviewed. I agree and acknowledge that confidential information will be reviewed by the Office of Safe Environment and Chancellor and that I will, in turn, maintain the confidentiality of information shared with me. By agreeing to participate in this process, I grant permission for those involved in this appeal process to review all records and documentation as well as to speak to any party involved so as to make a decision about eligibility for service to a hiring entity within the Diocese of Pensacola-Tallahassee.

Signature of Applicant

Date

Does your Pastor, Principal or Administrator support this appeal to determine eligibility?

Yes No