

Duke University Employee and Occupational Health and Wellness (EOHW)  
Influenza Vaccination Decision Appeal Form

The Decision Appeal process may be activated by the employee following receipt of the decision. The appeal must be submitted **within 10 calendar days** of receipt of the decision being appealed. If there are fewer than 10 days remaining until the deadline for policy compliance, the appeal should be submitted immediately to allow time for review and communication of a decision before the compliance deadline. Submit completed form to [StopTheFlu@dm.duke.edu](mailto:StopTheFlu@dm.duke.edu) or fax to 919- 660-0260.

**To Be Completed by the Employee Submitting the Appeal:**

Date of Submission: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Work Area: \_\_\_\_\_

Unique ID: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Reason for Appeal: Please explain the rationale for the appeal being as specific as possible.

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**FOR OFFICE USE ONLY**

**Appeal Decision (to be completed by Advisory Panel):**

Decision: \_\_\_\_ Appeal Granted \_\_\_\_ Appeal Denied

Date Decision Communicated to Employee: \_\_\_\_\_

Mechanism of Communication: \_\_\_\_\_