**Royal Borough of Windsor and Maidenhead**

**Appeal against Status Determination (IR35)**

|  |  |
| --- | --- |
| Name of worker and their role |  |
| Name of intermediary |  |
| I wish to appeal against the determination set out in the attached Status Determination Statement dated XXX  The reasons for my appeal are: | |
| I am aware that the Council has 45 days in which to respond to this appeal. | |
| Signed | Date |
| Send this form to HR  [jobs@rbwm.gov.uk](mailto:jobs@rbwm.gov.uk) | |

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