

PERFORMANCE FEEDBACK PROCESS APPEAL FORM

An employee may appeal an annual performance feedback appraisal where it is believed that the overall rating or individual performance factor ratings do not represent a true evaluation of the employee's work performance during the appraisal period. Such appeal shall follow the normal chain of command up to and including the Department Director if necessary.

Within 10 days of receipt of a signed copy of the appraisal, the employee should meet with the evaluating supervisor in an attempt to resolve the disagreement before filing a formal appeal. Though not required at this step, the appealing employee is encouraged to complete and utilize this Performance Feedback Appeal Form as the basis of the initial discussion with the supervisor. If not resolved in this informal discussion, the employee may formally appeal the evaluation by completing and submitting this Performance Feedback Appeal Form to the evaluating supervisor within 10 days after receiving the signed copy of the performance feedback rating. If the appeal is not resolved by the immediate supervisor, it is the appellant's responsibility to move the appeal through the subsequent steps in a timely manner (see Performance Feedback Appeal Procedure).

EMPLOYEE NAME:	DATE:
EMPLOYEE JOB TITLE:	SUPERVISOR NAME:
DATE OF EVALUATION:	DATE COPY RECEIVED:

NOTE: A complete copy of the Performance Feedback Rating Form that you are appealing (signed by the evaluating supervisor) must be submitted with this appeal at each step of the formal appeal process.

1. IDENTIFY THE SPECIFIC PERFORMANCE FACTOR RATING(S) YOU ARE CONTESTING, e.g., interpersonal skills, flexibility/adaptability, teamwork:

2. IDENTIFY: a.) THE SUPERVISOR'S RATING FOR EACH FACTOR YOU ARE APPEALING, AND b.) THE RATINGS YOU PROPOSE FOR EACH FACTOR YOU ARE APPEALING:

3. DESCRIBE THE SPECIFIC FACTS TO SUPPORT YOUR APPEAL OF EACH PERFORMANCE FACTOR RATING. Attach additional sheets if necessary. (Attach applicable evidence):

Signature of appellant

Date Submitted to Immediate Supervisor

IMMEDIATE SUPERVISOR

Signature of Immediate Supervisor (reflects receipt only)

Date of receipt of this completed appeal form

See page 2 for immediate supervisor decision box and signature boxes for Division Manager and Department Director.

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EMPLOYEE NAME: _____

IMMEDIATE SUPERVISOR

The following solution was reached and the revised performance feedback appraisal form is attached:

We have not resolved this appeal; the employee may forward appeal to the next level of management.

Appellant Signature _____ Date: _____

Immediate Supervisor Signature: _____ Date: _____

DIVISION MANAGER / NEXT LEVEL OF MANAGEMENT ABOVE EVALUATING SUPERVISOR

Date appeal was received: _____

The following solution was reached and the revised performance feedback appraisal form is attached:

We have not resolved this appeal; employee may forward appeal to the Department Director.

Appellant Signature _____ Date: _____

Division Manager Signature: _____ Date: _____

DEPARTMENT DIRECTOR

Date appeal was received: _____

The following solution was reached and the revised performance feedback appraisal form is attached:

We have not resolved this appeal; employee may forward appeal to the Human Resources Director.

Appellant Signature _____ Date: _____

Department Director Signature: _____ Date: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.