

Performance Evaluation Appeal Form

If you wish to appeal the content of your performance evaluation, please complete the information below and submit to the [Human Resources Department]. A Human Resources Representative will contact you to schedule a meeting with your Department Head and the Human Resources Director. During the appeal meeting, you will have thirty (30) minutes to present your facts to your Department Head and the Human Resources Director. The Supervisor who completed your performance evaluation will also have thirty (30) minutes to present to the Department Head and the Human Resources Director. You may be contacted with follow-up questions. The decision of your Department Head and the Human Resources Director is final regarding any change in the performance evaluation or a determination to uphold the performance evaluation as written.

Employee First and Last Name: _____

Employee Job Title: _____

Department: _____

Supervisor: _____

Evaluation Type: _____

Evaluation Year: _____

In the space below, list the reason(s) for the appeal. Specify the data in your performance evaluation that you believe is inaccurate or incomplete. If you require more space than is available, please attach additional sheets.

Print document, sign and date, and return to the [Human Resources Department].

Employee Signature: _____

Date: _____

Note: The information provided in this appeal form will be shared with management involved in your performance evaluation and performance appeal.