

PERFORMANCE APPRAISAL APPEAL FORM

Name of Appellant _____ Badge # _____

Job Title _____ Dept/Div # _____

Date of Performance Rating _____

Performance Rating Appealed (check one):
☐ Needs Improvement (1)
☐ Fails to Meet Expectations (0)

EMPLOYEE'S COMMENTS: State the reason(s) you do not agree with your performance rating and the remedy/resolution requested.

Appellant's Signature Date

Received By Date

SUPERVISOR'S RESPONSE:

Supervisor's Signature Date