

**REQUEST FOR REVIEW OF
PERFORMANCE PLAN OR PERFORMANCE EVALUATION**

EMPLOYEE NAME _____

SS#: _____ Employee ID#: _____

HOME ADDRESS: _____
(Street Name, Apartment #, or P.O. Box #) (City, State, Zip Code)

HOME PHONE #: _____ (Include area code)

JOB TITLE: _____ WORK SITE: _____

THE PERFORMANCE MANAGEMENT FORM (PMF) IN QUESTION MUST BE ATTACHED TO THIS FORM.

EMPLOYEE DISAGREES WITH:

(Check One)

_____ **Performance Plan.** I believe the plan is: Arbitrary _____ Capricious _____ Non-Job Related
(Circle all that apply)

_____ **Performance Evaluation.** I believe the evaluation is:
Arbitrary _____ Capricious _____ Not Reflective of Overall Performance
(Circle all that apply)

EMPLOYEE'S EXPLANATION (attach additional sheets as needed):

RELIEF REQUESTED:

(Employee's Signature)

(Date)

EMPLOYEE: MAIL ORIGINAL FORM (WITH ATTACHMENTS) TO THE APPROPRIATE REVIEWING OFFICIAL