

REVIEWING OFFICIAL RESPONSE FORM

NAME OF EMPLOYEE REQUESTING REVIEW:

SOCIAL SECURITY #

EMPLOYEE DISAGREE WITH: (check one)

EMPLOYEE ID #

_____ Performance Plan _____ Performance Evaluation

DECISION

(Check one)

_____ Relief Granted _____ Relief Denied

EXPLANATION: (as determined necessary by Reviewing Official)

NOTIFICATION OF FINAL DETERMINATION

Employee notified of decision: _____
(Date)

(Signature of Reviewing Official) _____
(Date)

REVIEWING OFFICIAL: **1) MAIL ORIGINAL FORM (WITH ATTACHMENTS) TO THE LOCAL HR OFFICE**
2) MAIL COPY TO THE EMPLOYEE

LOCAL HR OFFICE: **1) MAIL COPY OF FORM (WITH ATTACHMENTS) TO CORRECTIONS HUMAN RESOURCES**
MANAGEMENT