

University Support Staff (USS) Rating Appeal Form

(Please read entire form before completing.)

Name: _____ Department: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Rater's Name: _____ Reviewer's Name: _____

1. This appeal is taken from an evaluation for the period beginning _____, 20_____, through _____, 20_____. **(Attach a copy of the evaluation to this form.)**
2. The grounds on which I am appealing the rating are: **(be as specific as possible)**

(Use additional pages if more space is necessary.)

3. These University employees, if available to be called as witnesses, can support my claim or error on the evaluation for the period in question. Please provide a short statement as to how the witness will contribute to the process. **(This section is not required.)**

ATTENTION: All appeals must be filed with the HR/EO department within seven (7) calendar days after the employee has either signed or been informed in writing of the rating, or the right to appeal is waived.

An appeal should **NOT** be based upon an **EXCUSE** for not performing required duties. Instead, grounds should be justification that the rating itself is actually in error. Such grounds might be the rater's lack or opportunity to view appellant's work; lack of defined goals for the job or personal prejudice of the rater, or appellant was never informed of substandard performance and given an opportunity to improve. In all cases, you should be as specific as possible in filling out the form, and in stating the reasons why you think the rating is incorrect.

Signature: _____ Date: _____

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