

Performance Evaluation Appeal Evaluator/Principal Decision

I. EMPLOYEE INFORMATION

Name: _____ Employee ID#: _____

Position: _____ School/Dept: _____

Date Appeal Filed: _____ Date of Summative Conference: _____

II. DECISION OF EVALUATOR/PRINCIPAL

Uphold Evaluation Rating Change Evaluation Rating to _____

Evaluator/Principal Signature

Date

III. EMPLOYEE APPEAL RIGHTS

- I do not appeal this decision.
 I appeal this decision to my Principal
 I appeal this decision to the Review Panel

Employee Signature

Date

If you wish to appeal to the next level, provide original of this form to your Principal within 5 business days of receiving this decision and a copy to Human Resources.