

Performance Evaluation Appeal Review Panel Decision

I. EMPLOYEE INFORMATION

Name: _____ Employee ID#: _____

Position: _____ School/Dept: _____

Date Appeal Filed: _____ Date of Evaluator/Principal Decision: _____

II. FINAL DECISION OF REVIEW PANEL

Uphold Evaluation Rating Change Evaluation Rating to _____

Signatures of Review Panel Members:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Distribution of Copies: Original to Human Resources, Copy to Employee, Copy to
Evaluator/Principal