

[LOGO/LETTERHEAD]

October 24, 2016

You are receiving this letter as notification of your right to a review of your overall summary rating of Unsatisfactory Performer (1). The State Personnel Board Rule 478-1-.14 allows for employees receiving a rating of Unsatisfactory Performer (1) or its equivalent to request a review of the rating by the Agency Review Official.

The reviewing official for [AGENCY/DIVISION NAME] is _____.

You may contact the reviewing official by email or written request **and** the submission of the attached form to request a review of your rating. Your request, including the **Request for Review** form must be received by the Human Resources Office within 10 business days of receipt of this letter.

Agency Review Official: _____

HR Telephone Contact: _____

HR Email Contact: _____

HR Mailing Address: _____

Fax contact: _____

To initiate a review of your summary rating:

1. Contact your HR office or Reviewing Official
2. Submit a completed Rating Review Request form with all information completed within 10 days of receipt of this letter. Incomplete request forms will not be reviewed.
3. Respond to any inquiries by the reviewing official within guidelines provided by your organization

Once a review is conducted and a determination is made, no further review will be conducted. All findings by the Agency Review Official are final.

You may contact your Human Resources office for additional copies of the Rating Review Request form, or for assistance in understanding how to complete the form, or other questions.

[AGENCY LOGO]

**PERFORMANCE MANAGEMENT
REVIEW REQUEST FORM**

Please complete the following information and submit it to your Human Resources Office. Be sure to attach a copy the **Annual Performance Plan** or the **Annual Performance Evaluation** which you are requesting to have reviewed.

I, _____, request a review of my
(Print Name) (Agency)

Annual Performance Plan content

Please use the space below to provide your reasons for requesting a review of your performance plan. Please identify specific competencies, goals or responsibilities which you believe are non-job related or unachievable and indicate specific reasons that the expectations are not relevant or cannot be achieved. Provide specific examples and facts. You may attach additional sheets as necessary.

Overall summary rating of Unsatisfactory Performer or equivalent

Please use the space below to provide your reasons for requesting a rating review. Identify specific competencies, goals, or responsibilities that you believe have been rated incorrectly or inaccurately. Provide any reasons for disagreeing with the Unsatisfactory rating that you received. Provide specific examples and facts. You may attach additional sheets as necessary.

Signature: _____ Date: _____

Please attach a copy of your Annual Performance Plan or Evaluation to this form and submit to your Human Resources Office. Send a copy of this request to your direct supervisor.