

# EMPLOYEE PERFORMANCE REVIEW APPEAL

Employee Name:

Employee #:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee Instructions:** Per the performance management policy, this completed form along with a copy of the original review must be submitted (scanned and e-mailed) to the office of your Division Director and cc'ed to HRAnalytics.Performance@memphistn.gov by July 21. No appeals will be accepted after that date. Indicate below up to three competencies or goals that you are appealing. In the area provided, give specific examples of performance that you believe were not taken into account or should be weighed more or less heavily. Indicate in the general comments section at the end if you have overall concerns regarding the performance review. Additional documentation may be attached. Print, sign, and date the appeal before e-mailing.

**Division Instructions:** The employee's Division Director will write a response to each section and will indicate **if there is a proposed change to one of the ratings**. Results of all appeals will be scanned to HRAnalytics.Performance@memphistn.gov with "APPEAL" and Employee # in the subject line and provided to the employee no later than July 31st. HR will determine if any changes to the review impact the employee reward and inform the division.

**Competency or Goal Name**

#1

Employee Justification:

Director's Response:

Director: Is there a new rating? (Y/N)

New Rating

**Competency or Goal Name**

#2

Employee Justification:

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Director's Response:

Director:

Is there a new rating? (Y/N)

New Rating

**Competency  
or Goal Name**

#3

Employee Justification:

Director's Response:

Director:

Is there a new rating? (Y/N)

New Rating

Employee Overall Comments:

Director Comments:

Director Signature \_\_\_\_\_

Date \_\_\_\_\_