



**STEP 2 - AGENCY LEVEL**

(For appeals from ratings of "Good", "Needs Improvement," or "Unsatisfactory" only)

**Instructions to Appellant:**

If your performance rating is "Good" or lower and your appeal has been denied by the Local Performance Evaluation Appeals Board, you have 14 calendar days from the date you received the decision of the local board to appeal to your Agency Performance Evaluation Appeals Board.

**REASON FOR DISAGREEMENT WITH STEP 1 - LOCAL LEVEL DECISION:**

(Attach additional sheets, if necessary.)

Appellant's Signature

Date Submitted / /

(For Agency Appeals Board Use)

Date Received by Agency Appeals Board: / /

Your performance rating appeal has been reviewed in accordance with prescribed procedures by the Agency Performance Evaluation Appeals Board. The Board has \_\_\_ Accepted \_\_\_ Denied your appeal. As a result of this action, your rating for this evaluation period is . A brief summary statement of the Board's decision is attached.

Date Decision Issued: / /

Signed

(For the Agency Performance Evaluation Appeals Board)

**STEP 3 - SECURITY SERVICES UNIT LEVEL**

(For appeals from a rating of "Unsatisfactory" only)

**Instructions to Appellant:**

If your performance rating is "Unsatisfactory" and your appeal has been denied by your Agency Performance Evaluation Appeals Board, you have 14 calendar days from the date you received the decision of the agency board to appeal the Security Services Unit Appeals Board, c/o Governor's Office of Employee Relations, 12th Floor, Agency Building 2, Empire State Plaza, Albany, New York, 12223.

**REASON FOR DISAGREEMENT WITH STEP 2 - AGENCY LEVEL DECISION:**

Attach additional sheets, if necessary)

Appellant's Signature:

Date Submitted / /

**(For Security Services Unit Appeals Board Use)**

Date Received by Security Services Unit Appeals Board: / /

Your performance rating appeal has been reviewed in accordance with prescribed procedures by the Security Services Unit Appeals Board. The Board has \_\_\_ Accepted \_\_\_ Denied your appeal. As a result of this action, your rating for this period is . A brief statement of the Board's decision is attached.

Date Decision Issued:

Signed

(For the Security Services Unit Appeals Board)