

**State of New York
EMPLOYEE PERFORMANCE EVALUATION APPEALS FORM
(For Employees In the Security Supervisors Unit)**

Please Print or Type

Appellant's Name _____ Social Security # _____

Agency _____ Facility/Division _____

Item # _____ Title _____ Evaluation Period: From _____ To _____

Name of Supervisor _____ Name of Reviewer _____

Rating Received _____ Date Rating Received ____/____/____

If you wish to appeal your rating, you have 14 calendar days from the date you receive your rating in which to file an appeal at the first step in the process. In most cases, the first step will be an appeal to a Local (facility, region, etc.) Performance Evaluation Appeals Board (STEP 1 below). In agencies where there is no Local Board, the first step will be an appeal to the Agency Level Performance Evaluation Appeals Board (indicated as STEP 2 on the reverse side of this form).

Check one of the following:

I wish to be represented by Council 82 in the appeals process.

I do not wish to be represented in the appeals process.

STEP 1 - LOCAL LEVEL

Instructions to Appellant:

In the space provided below, explain why your rating should be changed to the next higher level. You must cite specific reasons why your work performance should be recognized by a higher rating. NOTE: In the appeal of a rating of "Needs Improvement" or higher, the burden of proving that the rating should be raised is upon the Appellant. In an appeal of a rating of "Unsatisfactory," the burden of proof for sustaining the rating is upon the agency.

Reason for Appeal:

(Attach additional sheets, if necessary):

Appellant's Signature _____ Date Submitted ____/____/____

(For Local Appeals Board Use)

Date Received by Local Appeals Board ____/____/____

Your performance rating appeal has been reviewed in accordance with prescribed procedures by the Local 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 Local Performance Evaluation Appeals Board)

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 SUPERVISORS 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 to the Security Supervisors Unit Appeals Board, c/o Governors 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, necessary)

Appellant Signature _____ Date Submitted ____ / ____ / ____

(For Security Supervisors Unit Appeals Board Use)

Date Received by Security Supervisors Unit Appeals Board ____ / ____ / ____

Your performance rating appeal has been reviewed in accordance with prescribed procedures by the Security Supervisors Unit 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 Security Supervisors Unit Appeals Board)