CONTINUOUS PERFORMANCE MANAGEMENT (CPM) REQUEST FOR AGENCY REVIEW FORM



Step 1: Performance Evaluation – Request for Agency Review

SCS Rule 10.10 (a) A permanent employee who receives a performance evaluation rating of "Unsuccessful" may request a review by an Agency Review Panel. SCS Rule 10.10 (b) The request for review and any supporting documentation shall be postmarked or received in the employing agency's Human Resources office no later than March 16 following the performance evaluation year.

	Employee Name:		Porformanco Evaluation Voari
Employee Information (only a permanent employee who received a rating of "Unsuccessful")	Employee Personnel #:		Performance Evaluation Year:
	Employee Job Title:		
	Dept/Office/Section/Unit:		

Explain why you disagree with the rating given to you by your supervisor and attach supporting documents (if applicable). All supporting documents must be attached to this form at the time you submit your request.

Agency Human Resources Office Use Only

If all elements of Step 1 are complete and in accordance with Chapter 10, then move to Step 2 on next page. Date Request Received in HR: Date Request Rece

Human Resource Signature

Date



Step 2: Performance Evaluation – Agenc	y Review			
luman Resources Use Only				
Required doo	cuments for subn	nission to Agency Review Panel		
Employee's Request for Agency Review Form (supporting documents, if applicable) Human Resources Officer's Name:		 Employee's current CPM Planning & Evaluation forms (including all documentation, if applicable) Date submitted to Agency Review Panel: 		
Agency Review Panel Use Only				
	Items R	eviewed:		
nployee's Request for Agency Review Form		g Form		
\exists Supporting documents submitted by employee	Employee's Performance Evaluation	on Form		
\square Additional documentation provided or deemed nece	essary based on di	iscussion: \Box Yes (attached) \Box N	I/A	
	Discus	sion With:		
□ Employee:	Signature:		Date:	
Evaluating Supervisor:	Signature:		Date:	
☐ 2 nd Level Evaluator:	Signature:		Date:	
Agency Review Panel Members SCS Rule 10.10 (c) If the request for review is timely, the Appoin not be the employee's Evaluating Supervisor or Second Level I		designate an Agency Review Panel consistir	ng of at least three members who shall	
I. Name:	Signature:		Personnel#:	
2. Name:	Signature:		Personnel#:	
3. Name:	Signature:		Personnel#:	
Additional Panel Members (if needed):				

CONTINUOUS PERFORMANCE MANAGEMENT (CPM) REQUEST FOR AGENCY REVIEW FORM



Agency Review Panel Use Only (cont.)

Agency Review Panel Decision SCS Rule 10.10 (g) After a review of the documents and required discussions the Agency Review Panel by a majority vote shall have the option based on the merits of the review to: 1. Uphold the "Unsuccessful" performance evaluation rating; 2. Assign an overall performance evaluation rating of "Needs Improvement".

🗆 Unrated (Rule Violation)	Needs Improvement

Requirements of Agency Review Panel: SCS Rule 10.10 (i) The Agency Review Panel shall give the employee, the Evaluating Supervisor, the Second Level Evaluator and the Human Resources office written notice of the results of their review. This notification shall be provided no later than April 16.

Step 3: Agency Human Resources Office Use Only

If a change in the Performance Evaluation rating comes from this review per 10.10 (k), rating shall be recorded by the agency's Human Resources Office with an effective date of January 1.

Date Agency Review Panel's decision was received in HR:

Date rating changed in system, if applicable:

HR Staff Initial: