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**Performance Dispute Resolution Form**

**Date:** Enter Date Here **CWID:** Enter Number **Employee:** Enter Name Here **Job Title:** Enter Title Here

**Department:** Enter Name Here **Supervisor:** Enter Name Here

**I wish to have the following reviewed**:

\_\_\_\_\_ 1. I did not receive a timely performance plan or evaluation.

\_\_\_\_\_ 2. I do not agree with the content of my performance evaluation.

\_\_\_\_\_ 3. I do not agree with my overall performance evaluation rating.

\_\_\_\_\_ 4. Other.

**To resolve this issue, I have taken the following actions (check all that apply)**:

I notified my supervisor & HR in writing (please attach documentation) Date:

I received the written decision from my supervisor (please attach documentation) Date:

\*I did not receive my supervisor’s written decision by the deadline

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**RESOLUTION BEING REQUESTED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information, consult your supervisor or the Office of Human Resources. Submit copies to your supervisor, the reviewer (next level supervisor), and to the Human Resource Department.