

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
Performance Management Program

Appeals Form

Employee Name _____

Department _____

Supervisor _____

Supervisor's Supervisor _____

Part I. (Please Check)

_____ Appeal of performance management rating

_____ Appeal of performance payment amount

_____ Appeal of decision not to receive performance payment increase

Part II.

State below, reasons for appeal and any supporting information which relates to these reasons.

Part III.

What suggestion would you make to amend or correct this review?

Date _____

Name (Please Print) _____

Signature _____

Part IV. (For Supervisor)

Comment on appeal and state decision for appeal.