State of New York
Performance Evaluation Appeal Form

This form is for use by Management/Confidential employees and employees in the following bargaining units **who wish to appeal a rating of "Unsatisfactory":** Professional, Scientific and Technical unit represented by PEF; Administrative Services, Operational Services, Institutional Services and Division of Military and Naval Affairs units represented by CSEA; and Rent Regulation Services unit represented by DC-37.

Please print or type

Unit (check one): ☐ Management/Confidential ☐ Professional, Scientific and Technical Services
☐ Administrative Service ☐ Institutional Services ☐ Rent Regulation Services
☐ Operational Services ☐ DMNA

Employee's Name_____ Agency _____

Title_____ Division/Facility_____

Salary Grade _____ Item Number _____ Section _____

Supervisor/Rater_____ Title_____

Reviewer_____ Title_____

Evaluation Period From: _____ To _____ Date Rating Received _____
(mo./day/yr.) (mo./day/yr.) (mo./day/yr.)

You may seek to have your "Unsatisfactory" rating raised to the next higher rating category and you have 15 calendar days from the date you receive your rating to file an appeal. The first step will be a review of your appeal by your Agency Performance Evaluation Appeals Board (STEP 1 below).

STEP 1 - AGENCY LEVEL

Instructions

To appeal your "Unsatisfactory" rating, complete this form in the space provided below and submit it to your Agency Appeals Board.

- Unless you cite specific reasons why your work performance deserves a higher rating, your appeal will be dismissed. Only your rating may be appealed. Disputes concerning such issues as your individual performance program and the rating and appeals process are not subject to appeal.
- Employees who appeal their rating may make a personal appearance before their Agency Appeals Board to explain their reasons for appeal. If you wish to make a personal appearance, you must indicate this by checking the box below.
- CSEA-, PEF- and DC-37-represented employees are entitled to be accompanied by a representative appointed by their respective unions. M/C-designated employees may be accompanied by a person of their choosing who may act as an observer only.

Reasons for Appeal: _____

_____

_____

_____

_____

(Attach additional sheets, if necessary)

☐ I request a personal appearance before the Agency Appeals Board

Employee's Signature _____Date Submitted _____

AGENCY APPEALS BOARD RECOMMENDED DECISION

Date Request Received by Agency Appeals Board _____

The appeal of the above-named employee has been received and we recommend that the appeal be: ☐ Sustained ☐ Denied

Signed _____ Date_____

AGENCY APPEALS BOARD SUMMARY STATEMENT

The following statement summarizes the basis for our recommended decision:

(Attach additional sheets, if necessary)

AGENCY HEAD DECISION

I have reviewed the recommendation of the Agency Board. Your appeal is: ☐ Sustained ☐ Denied

Signed _____ Date Issued _____
Agency Head or Designee

STEP 2 - STATEWIDE LEVEL

Instructions

If your appeal has been denied at the agency level, you have 15 calendar days from the date you receive the agency level decision to appeal to the Statewide Performance Evaluation Appeals Board. To do so, complete this form in the space provided below. Attach legible copies of your performance program and evaluation forms, worksheets, and any other pertinent documents. Employees must send these documents by Certified Mail - Return Receipt Requested to the Statewide Performance Evaluation Appeals Board, c/o Office of Employee Relations, 2 Empire State Plaza, Suite 1201, Albany, NY 12223-1250.

- You must provide reasons for your disagreement with the agency level decision, and sign and date the form where indicated.
- You must also send a copy of this Appeals Form to your Agency Personnel Office.
- Employees (with the exception of Management/Confidential employees) are entitled to appear before the Statewide Appeals Board to explain their reasons for disagreement with the agency level decision. If you wish to do so you must indicate this by checking the box below.
- CSEA-, PEF- and DC-37-represented employees are entitled to be accompanied by a representative appointed by their respective unions.

Reasons for Disagreement with STEP 1 – Agency Level Decision: _____

_____

_____

_____

_____

(Attach additional sheets, if necessary)

☐ I request a personal appearance before the Statewide Appeals Board (PS&T, ASU, ISU, OSU, DMNA, RRSU only)

Employee' s Signature _____ Date Submitted_____

Mailing Address _____
Street City State Zip Code

Email Address _____

Home Telephone (_____) _____ Work Telephone (_____) _____
Area Code Area Code

STATEWIDE APPEALS BOARD DECISION

Date Request Received by Statewide Appeals Board _____

Your appeal has been reviewed by the Statewide Appeals Board. We have: ☐ Sustained ☐ Denied your appeal.

As a result of this action, your rating for this evaluation period is_____

Signed _____ Date _____

OER-85
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