

State of New York
EMPLOYEE PERFORMANCE EVALUATION APPEALS FORM
(For Employees in the Security Services Unit)

Appellant's Name _____

Agency _____

Office/Bureau: _____

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 on STEP 2 on the reverse side of this form).

Check one of the following:

☐ I wish to be represented by NYSCOPBA 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 our 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 as 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 _____

STEP 2 – AGENCY LEVEL

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 Local Appeals Board: ____/____/____

Your performance rating appeal as 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 SERVICES 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 the 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 Services Unit Appeals Board, c/o Governor's 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, if necessary.)

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

(For Security Services Unit Appeals Board Use)

Date Received by Security Services Unit Appeals Board: ____/____/____

Your performance rating appeal as 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 Security Services Unit Appeals Board)