



SPA PERFORMANCE PAY DISPUTE RESOLUTION FORM

To file for a review of a performance pay issue this form must be completed and returned to Human Resources within 15 workdays of receipt of the written performance appraisal or written notice of performance pay decisions. All sections must be completed. (Attach additional sheets as necessary.)

A. Employee Information (please print)

Name (as it appears on payroll) _____

Position Title _____ Department _____

CPO # _____ Campus Telephone # _____

Supervisor _____

Date of Most Recent Performance Appraisal Rating _____

Date Rating Received _____ Overall Rating _____

B. Disputed Performance Pay issue(s): (Please check all that apply)

- Overall Performance Appraisal Rating
- Amount of Performance Increase*
- Failure to Receive a Performance Increase*

**Note: Salary decisions based on unavailability of funding are not eligible for consideration in the dispute resolution process.*

C. State the specific reason(s) for the dispute:

D. State the specific resolution being requested:

Employee Signature

Date