A picture containing icon

Description automatically generated**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**REQUEST FOR AGENCY REVIEW FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step 1: Performance Evaluation – Request for Agency Review**  SCS Rule 10.10 (a) A permanent employee who receives a performance evaluation rating of " Unsuccessful" may request a review by an Agency Review Panel.  SCS Rule 10.10 (b) The request for review and any supporting documentation shall be postmarked or received in the employing agency’s Human Resources office no later than March 16 following the performance evaluation year. | | | |
| **Employee Information**  (only a permanent employee who received a rating of “Unsuccessful”) | Employee Name: |  | Performance Evaluation Year: |
| Employee Personnel #: |  |
| Employee Job Title: |  |  |
| Dept/Office/Section/Unit: |  |
| **Explain why you disagree with the rating given to you by your supervisor and attach supporting documents (if applicable).**  All supporting documents must be attached to this form at the time you submit your request. | | | |

Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Human Resources Office Use Only**  *If all elements of Step 1 are complete and in accordance with Chapter 10, then move to Step 2 on next page.* | | | |
| Date Request Received in HR: |  | The request was received or postmarked by March 16 in accordance with SCS Rule 10.10 (a) & (b). | |
| The request was not received or postmarked by March 16 and is not compliant according to SCS Rule 10.10 (a) & (b). (Sign/Date & provide employee a copy and file.) | |
|  | | |  |
| Human Resource Signature | | | Date |

A picture containing icon

Description automatically generated**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**REQUEST FOR AGENCY REVIEW FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step 2: Performance Evaluation – Agency Review** | | | | |
| **Human Resources Use Only** | |  | | |
| **Required documents for submission to Agency Review Panel** | | | | |
| Employee’s Request for Agency Review Form (supporting documents, if applicable) | | | Employee’s current CPM Planning & Evaluation forms (including all documentation, if applicable) | |
| Human Resources Officer’s Name: | | | Date submitted to Agency Review Panel: | |
| **Agency Review Panel Use Only** | | | | |
| **Items Reviewed:** | | | | |
| Employee’s Request for Agency Review Form | | | Employee’s Performance Planning Form | |
| Supporting documents submitted by employee | | | Employee’s Performance Evaluation Form | |
| Additional documentation provided or deemed necessary based on discussion:  Yes (attached)  N/A | | | | |
| **Discussion With:** | | | | |
| **Employee:** | Signature: | | | Date: |
| **Evaluating Supervisor:** | Signature: | | | Date: |
| **2nd Level Evaluator:** | Signature: | | | Date: |
| **Agency Review Panel Members**  SCS Rule 10.10 (c) If the request for review is timely, the Appointing Authority shall designate an Agency Review Panel consisting of at least three members who shall not be the employee’s Evaluating Supervisor or Second Level Evaluator. | | | | |
| **1.** Name: | Signature: | | | Personnel#: |
| **2.** Name: | Signature: | | | Personnel#: |
| **3.** Name: | Signature: | | | Personnel#: |
| Additional Panel Members (if needed): |  | | |  |
|  |  | | |  |
|  |  | | |  |

**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**REQUEST FOR AGENCY REVIEW FORM**

|  |  |
| --- | --- |
| **Agency Review Panel Use Only (cont.)** | |
| **Agency Review Panel Decision** SCS Rule 10.10 (g) After a review of the documents and required discussions the Agency Review Panel by a majority vote shall have the option based on the merits of the review to: 1. Uphold the “Unsuccessful” performance evaluation rating; 2. Assign an overall performance evaluation rating of “Needs Improvement”. | |
| **OVERTURNED:** | Unrated (Rule Violation)  Needs Improvement |
| **AFFIRMED RATING OF UNSUCCESSFUL** | |

**Requirements of Agency Review Panel:** SCS Rule 10.10 (i) The Agency Review Panel shall give the employee, the Evaluating Supervisor, the Second Level Evaluator and the Human Resources office written notice of the results of their review. This notification shall be provided no later than April 16.A picture containing icon

Description automatically generated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step 3: Agency Human Resources Office Use Only**  If a change in the Performance Evaluation rating comes from this review per 10.10 (k), rating shall be recorded by the agency’s Human Resources Office with an effective date of January 1. | | | | |
| Date Agency Review Panel’s decision was received in HR: | | | | |
| Date rating changed in system, if applicable: |  | HR Staff Initial: |  | |