

CSU Performance Management Dispute Resolution Form

Date _____

Employee's Name _____

Job Title _____

Department & 4-digit mail code _____

Supervisor _____

I wish to have the following reviewed:

_____ 1. My performance plan or lack of a plan. The error or problem is:

_____ 2. My performance rating. The error or problem is:

_____ 3. The application of the CSU Performance Management Program, process, or policies to my plan or evaluation. The error or problem is:

To resolve this issue, I have taken the following actions:

RESOLUTION BEING REQUESTED:

Employee's Signature: _____ Date: _____

For additional information on the dispute resolution process including the form to use in proceeding to the external process consult the User Guide, Section VII available on the HRS website at: <http://www.hrs.colostate.edu/>, or by contacting a CSU Employee Relations Manager.

Submit copies to your supervisor, reviewer and to the Human Resource Services Department.