



DISPUTE RESOLUTION PROCESS
REQUEST FOR INTERNAL UNIVERSITY REVIEW

Retaliation against any person(s) involved in the Dispute Resolution Process is prohibited.

DATE: _____

EMPLOYEE'S NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

PERSON WHO COMPLETED MY PERFORMANCE PLAN OR
EVALUATION: _____

I wish to have the following reviewed:

____ 1. My individual overall performance evaluation, including lack of a final overall evaluation. I believe the problem is:

____ 2. The application of the CU Performance Management program plan, process, or policies to my plan or evaluation. I believe the error or problem is:

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

I request the following resolution:

EMPLOYEE'S SIGNATURE: _____ DATE: _____

For additional information, consult your supervisor or the Human Resources Department. Submit the original of this form to the appointing authority (or designee) whose name was provided by your supervisor during discussion of your performance evaluation. Submit copies: (1) to your supervisor and (2) to the Human Resources Department.