

Department of Finance and Administration

Performance Evaluation Appeal Form

R 6/13/2024



DFA employees shall use this form to appeal their performance evaluation. This form must be completed and submitted to the DFA Human Resources Office at amy.valentine@dfa.arkansas.gov within 3 business days of the date the results are published on EASE. The first business day begins the day after the results are released on EASE. Any supporting documentation must be submitted along with this form.

Contact the DFA Human Resources Office for more information about the performance evaluation appeal process.

| | | |
|------------------------------------|---------------|------|
| Name of Employee (Last, First, MI) | Personnel No. | Date |
| Employee Job Title | Grade | |
| Name of Evaluator | Office Name | |

| | | |
|---|--|---|
| Overall Performance Evaluation Received | | |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> Meets Expectations |
| | | <input type="checkbox"/> Exceeds Expectations |
| Performance Standard(s) Contested | Original Rating(s) | Proposed Rating(s) |
| | | |
| Supporting Documents Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

My signature below certifies that all of the information provided in this document is true and accurate to the best of my knowledge.

| | |
|----------------------------------|------|
| Employee's Signature (Type/Sign) | Date |
| | |

Committee Decision

| | |
|----------------------|--|
| Date Appeal Received | |
| Solution Description | |
| | |

- | | |
|--|---|
| <input type="checkbox"/> Appeal Reviewed and Further Information Is Required | <input type="checkbox"/> Partial Appeal Granted |
| <input type="checkbox"/> Appeal Granted | <input type="checkbox"/> Evaluation Rating Upheld |

| | |
|--------------------------------|------|
| Committee Director's Signature | Date |
| | |