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.