

Level Three Appeal Request
Ohio Performance Review System
To Be Completed by **Appellant**

Please attach a copy of the evaluation in questions to this form if you have not already forwarded one to DAS for this appeal.

This information and documentation is due at DAS by _____

Part One. Identification.

1. Name: _____
2. Empl ID: _____
3. Work Phone Number: _____
4. Work e-Mail Address: _____
5. Immediate Supervisor: _____
6. Supervisor's Work Address: _____
7. Supervisor's Title: _____
8. Supervisor's Work Phone Number: _____
9. Supervisor's Work e-Mail Address: _____
10. Are You a Probationary Employee? _____ Yes _____ No
11. Are You a Bargaining Unit Employee? _____ Yes _____ No
12. Are You Still Employed by the State of Ohio? _____ Yes _____ No
13. What is the Period Covered by this evaluation? (Month/Year) _____ to _____
14. Are you claiming "Abuse of Supervisory Discretion"? _____ Yes _____ No
15. Are you claiming "Violation of Procedure"? _____ Yes _____ No
16. Have you fulfilled your agency's internal appeals process completely? _____ Yes _____ No
17. When was the agency internal appeals process completed? Date: _____

Part Two. Your Objection to This Evaluation.

21. What evidence do you have to show your supervisor did not follow procedures in evaluating your performance on the job? (Describe it below or attach copies of the evidence.)

22. What kind of relief are you seeking through this appeal?

Appellant's Signature: _____ Date: _____
