**Performance Appraisal Dispute Form**

**Purpose:** This form allows an employee to formally dispute or appeal their performance appraisal results. It helps HR and management review the concerns, investigate, and take corrective action where needed.

**1. Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Job Title:** |  | **Supervisor/Manager:** |  |
| **Review Period (From – To):** | |  | |

**2. Appraisal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Appraisal Discussion:** |  | **Overall Rating Received:** |  |

**Sections/Criteria Being Disputed (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Job Knowledge | ☐ Quality of Work | ☐ Productivity | ☐ Communication Skills |
| ☐ Teamwork | ☐ Leadership | ☐ Attendance & Punctuality | ☐ Behavior/Conduct |
| ☐ Goal Achievement | ☐ Other: | | |

**3. Reason for Dispute**

**Please describe clearly and factually why you disagree with the appraisal results:**

|  |
| --- |
|  |
|  |
|  |
|  |

**4. Supporting Evidence**

*(Attach documents if needed: emails, reports, performance data, commendations, etc.)*

* List attached documents/evidence:

|  |
| --- |
|  |
|  |
|  |

**5. Employee’s Proposed Resolution**

What outcome or correction do you believe is fair?

* ☐ Re-evaluation of the entire appraisal
* ☐ Review of specific criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ☐ Meeting with supervisor and HR
* ☐ Adjustment of final rating
* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explanation:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**6. Employee Declaration**

I certify that the information provided is accurate and reflects my concerns regarding the performance appraisal.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Supervisor/Manager Response (To be completed by Supervisor)**

**Supervisor Comments/Clarifications:**

|  |
| --- |
|  |
|  |

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. HR Review Section**

* **HR Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Investigation Findings:**

|  |
| --- |
|  |
|  |

* **Final Decision:**  
  ☐ Appraisal Upheld  
  ☐ Appraisal Modified  
  ☐ Re-evaluation Required  
  ☐ Mediation/Meeting Scheduled  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Final Notes/Follow-Up Actions**

|  |
| --- |
|  |
|  |