SECTION 1 (to be completed by employee)

Employee Name:

Employee Signature: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating Official: Phone: Email:

Reviewing Official: Phone: Email:

PM PRA: Phone: Email:

**Justification**

**­­­­­­­­­­­**

SECTION 2 (to be completed by DIRINT)

**Final Reconsideration:**

🞏 Approved 🞏 Declined DIRINT: Date

Rationale:

Rating Adjustment (If Applicable)

Revised Rating of Record: 🞏 Unacceptable, 🞏 Minimally Successful, 🞏 Successful, 🞏 Excellent, 🞏 Outstanding

SECTION 3 (to be completed by Bonus Pool Manager, if required)

**Bonus Adjustment (if applicable)**

Original Bonus Amount (if applicable): New Bonus Amount (if applicable):

Bonus Pool Manager Signature: *(Required if bonus amount is changed)*

**Checklist:**

Attach copy of disputed evaluation

Attach copy of Informal Reconsideration (if used)

Attach copy of Formal Reconsideration

Make copies for Rater, Reviewer, and PM PRA

Make copies for Human Capital