SECTION 1 (to be completed by employee)

Employee Name:

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

Rating Official: Phone: Email:

Reviewing Official: Phone: Email:

**­­­­­­­­­­­ Justification**

SECTION 2 (to be completed by rater/reviewer)

**Informal Reconsideration Outcome:**

Recommend: 🞏 Approval 🞏 Declination Rating Off Initials Date

🞏 Approved 🞏 Declined Reviewing Off Signature Date

*(If declined, employee may request a formal reconsideration from the PM PRA)*

**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 Make copies for Human Capital