**IPCR/DPCR RATING APPEAL FORM**

**Rating Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Personnel: Date the Personnel Received the IPCR/DPCR Rating – Notice of Receipt:

Position/Designation: Date of Filing Appeal:

College/Office /Unit:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MFO** | **PAP** | **INDICATOR** | **Q** | **E** | **T** | **A** | **REASON FOR APPEAL** | **SUPPORTING EVIDENCE** | **REMARKS OF PMT***(TO BE FILLED-OUT BY PMT)* |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Current Overall Rating |
|  Numerical | Adjectival |
|  |  |

|  |
| --- |
| Final Overall Rating *(TO BE FILLED-OUT BY PMT)****)*** |
| Numerical | Adjectival |
|  |  |

***Note:*** *Please submit this form within* ***10 working days*** *from the date of receipt of notice of final performance evaluation rating. The PMT shall decide on the appeals within* ***1 month*** *from receipt of this form. For more information, please refer to TSU SPMS Guidelines.*

***Required Attachments: Certified True Copy of IPCR/DPCR; Fully Signed and Properly filled-out Notice of Receipt; Evidence***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name & Signature of Appellant/Date

Noted by:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean/Director / Date

 Recommending Approval:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vice President / Date PMT Chair / Date

APPROVED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University President / Date