

- CLASSIFIED PERSONNEL -**Evaluation Appeal Form****INSTRUCTIONS**

This form is to be used by classified employees who wish to appeal their final summative evaluation. If you feel that you were not fairly evaluated you may submit an appeal to the Superintendent by completing this form and returning it to the Superintendent within five (5) working days of the receipt of your summative evaluation.

EMPLOYEE'S NAME _____

HOME ADDRESS _____

WORKSITE/SCHOOL _____

POSITION:☐ **BUS DRIVER**☐ **FOOD SERVICE EMPLOYEE**☐ **CUSTODIAN**☐ **MAINTENANCE PERSONNEL**☐ **PARA-EDUCATOR**☐ **BUS MECHANIC**☐ **CLERICAL PERSONNEL**☐ **TECHNOLOGY PERSONNEL**☐ **OTHER, SPECIFY** _____

What specifically do you object to or why do you feel you were not fairly evaluated?
If additional space is needed, attach additional sheet.

Date you received the evaluation _____

Evaluator's Name _____

*Employee's Signature*_____
*Date***RELATED PROCEDURES:**

03.28 AP.2

03.28 AP.21

Review/Revised:4/16/2019