

**Colorado Community College System  
Classified Performance Management Dispute Resolution Form**

**Employee Name:** \_\_\_\_\_ **SNumber:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Person who completed performance plan or final overall evaluation:** \_\_\_\_\_

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I wish to dispute:

- My performance plan or lack of a plan. **I believe the error or problem is:**
  
- My final performance evaluation or lack of an evaluation. **I believe the error or problem is:**
  
- The application of the college's/system's performance management program to my performance plan or performance evaluation. **I believe the error or problem is:**

To resolve this issue, I have taken the following action:

I request the following resolution:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

For additional information or assistance please contact Human Resources. This form must be submitted within 5 days of receipt of written response of the informal dispute process. Include copies of your performance plan and/or performance evaluation and any written decisions associated with the informal dispute process.

Revised 4-1-2014

For Human Resource Use Only

Date Request Submitted to Human Resource Office: \_\_\_\_\_

Received By: \_\_\_\_\_