

**GEORGIA DEPARTMENT OF CORRECTIONS
PERFORMANCE MANAGEMENT**

NOTICE TO EMPLOYEE

In accordance with the State Personnel Board Rule 14, "Performance Management" and the Department Standard Operating Procedure 104.61, "Performance Management," you may request a review using an option listed below:	
<input type="checkbox"/>	Performance Plan - You have the right to request a review of any job and individual responsibilities and/or performance expectations on your Performance Plan that you believe to be arbitrary, capricious, non job-related, or unrealistic. You have five (5) workdays from receipt of your copy of the Performance Plan to submit a written request for a review to the designated official listed below.
<input type="checkbox"/>	Performance Evaluation Review – You have the right to request a review if you received an overall summary rating of "1 - Unsatisfactory Performer" for unsatisfactory performance on your Performance Plan that you believe to be arbitrary, capricious, or not reflective of your overall performance during the specified period. This request must be made on the "Request for Review of Performance Plan or Performance Evaluation" form (Attachment 2) within five (5) workdays of your receipt of the evaluation. Submit your request and necessary documentation to the designated official listed below. NOTE: You will <u>not</u> receive a performance-based salary increase for this performance evaluation as a result of receiving an overall rating of "1 Unsatisfactory Performer" in Job and Individual Responsibilities or Terms and Conditions of Employment.
<input type="checkbox"/>	Performance Evaluation Review – You have the right to request a review if you received an overall summary rating of "2 - Successful Performer Minus" for unsatisfactory performance on your Performance Plan that you believe to be arbitrary, capricious, or not reflective of your overall performance during the specified period. This request must be made on the "Request for Review of Performance Plan or Performance Evaluation" form (Attachment 2) within five (5) workdays of your receipt of the evaluation. Submit your request and necessary documentation to the designated official listed below.

(Name and address of designated Reviewing Official)

If you have any questions, contact your local HR representative.

(Signature of employee acknowledges receipt of notice only)

(Date)