REVIEWING OFFICIAL RESPONSE FORM			
NAME OF EMPLOYEE REQUESTING	G REVIEW:		SOCIAL SECURITY #
EMPLOYEE DISAGREE WITH: (che	eck one)		EMPLOYEE ID#
Performance Plan	Performance E	Evaluation	
DECISION			
(Check one)			
Relief Gr	rantedRe	elief Denied	
EXPLANATION: (as determined	necessary by Reviewing Offi	icial)	
	<del></del>		
NOTIFICATION OF FINA	AL DETERMINATION	N	
Employee notified of decision:			
	(Date)		
(Signature of Reviewing Official)			(Date)
REVIEWING OFFICIAL:	1) MAIL ORIGINAL FORM (WITH ATTACHMENTS) TO THE LOCAL HR OFFICE 2) MAIL COPY TO THE EMPLOYEE		
LOCAL HR OFFICE:	1) MAIL COPY OF FORM (WITH ATTACHMENTS) TO CORRECTIONS HUMAN RESOURCES MANAGEMENT		

Retention Schedule: Upon completion, this form shall be retained permanently (with the ANNUAL REVIEW) in the employees local and official personnel file.