

## REQUEST for PDQ EVALUATION

Type of Evaluation:  new revised appeal								
Position Title:								
Incumbent:								
Supervisor:								
Dean/Director:								
Date of Last Evaluation (if applicable):								
Current Grade (if applicable):								
New Position:								
Director's signature indicates that the attached PDQ has been reviewed with HR for content, completeness, appropriateness and potential impact on other positions/areas.								
Dean/Director: Date:								
HR Director: Date:								
Executive: Date:								
Revised PDQ:								
Review entire PDQ								
Review only the following changed factors: 1) 5) 9) 2) 6) 10) 3) 7) 11)								
4) 8) 12)								
Director's and Incumbent's signatures indicates that the attached PDQ (or specific factors) have substantially changed. PDQs or factors with no substantive change should not be submitted. Likewise, workload issues or a variance in the specific mix of duties would not normally result in a need to review the PDQ. Further, the Director's signature indicates that the attached PDQ (or specific factors) has been reviewed with HR for content, completeness, appropriateness and potential impact on other positions/areas.								
Dean/Director: Date:								
Incumbent: Date:								
HR Director: Date:								
Executive: Date:								

Appeal:								
The following individual(s) wishes to submit an appeal of the JJEC's recent rating:								
☐ Incumbe	nt	☐ Dean/Director	□ +	HR Director				
Ratings of the follo	owing factors	are being appealed:	1) 2) 3) 4)		5) 6) 7) 8)	9) 10) 11) 12)		
For each factor being appealed, the individual(s) submitting the appeal shall only provide clarification of existing information submitted on the original PDQ – the introduction of new information or changes to original information will not be accepted. Clarification for <u>each</u> appealed factor should be stated separately and attached to this form.								
In the case of an appeal from the Incumbent, the Dean/Director shall add his/her comments and vice versa. In the case of an appeal from the HR Director, both the Incumbent and the Dean/Director shall have an opportunity to comment.								
The Director's signature indicates that the attached appeal has been reviewed with HR for content, completeness, appropriateness and potential impact on other positions/areas.								
Dean/Director:			[	Date:				
Incumbent:			[	Date:				
HR Director:			[	Date:				
Executive:			[	Date:				

Once completed, this form should be attached to the front of the PDQ or appeal clarification and submitted to HR.