

COLORADO SCHOOL OF MINES
Performance Dispute Resolution Form
(If this form is not applicable, please discard.)

Date _____			
Employee's Name _____	Job Title _____		
Department _____	Supervisor _____		

I wish to have the following reviewed:

 _____	1. My performance plan or lack of a plan. The error or problem is:
 _____	2. My individual performance evaluation. The error or problem is:
 _____	3. The application of the CSM Performance Management plan, process, or policies to my plan or evaluation. The error or problem is:
 _____	4. Full payment of my award. The error or problem is:
 To resolve this issue, I have taken the following actions:	

 RESOLUTION BEING REQUESTED:	

Employee's Signature: _____	Date: _____
For additional information, consult your supervisor or the Office of Human Resources. Submit copies to your supervisor, the reviewer (next level supervisor), and to the Human Resource Department.	