



METROPOLITAN STATE UNIVERSITY OF DENVER

Performance Pay System Dispute Resolution Form

Employee Name:		Date:	
Job Title:		Employee 900#:	
Supervisor Name:		Department:	

I wish to have the following reviewed:

1.	My performance plan or lack of a plan.
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2.	My overall final performance rating.
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3.	The application of the MSU Denver Performance Management Plan, process, or policies to my plan or evaluation.
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To resolve this issue, I have taken the following actions:

Employee Signature:		Date:	
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For additional information, consult your supervisor or Human Resources Department. Submit copies to your supervisor and Human Resource Department.