

Appeal Response Form  
Ohio Performance Review System  
To Be Completed by **Appointing Authority's Designee**  
For the DAS Final Appeal

This information and Documentation is due at DAS by \_\_\_\_\_

**Introduction:** Ohio Administrative Code provides an appeal process to the Director of the Ohio Department of Administrative Services for all classified, non-bargaining unit employees who believe their annual performance review was affected by either supervisory abuse of discretion or a failure to follow official state evaluation procedures. At this stage both the immediate supervisor and the appointing authority's official reviewer have denied the employee's claim<sup>1</sup>. DAS is seeking factual information about the dispute. Please review the facts in question and provide a succinct response below.

**Part One. Basic Procedural Requirements.**

1. Did the employee in question sign his/her evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No<sup>2</sup>
2. Did the employee comply with any internal appeal procedures, minimally the two step appeal process required by the Ohio Administrative Code? \_\_\_\_\_ Yes \_\_\_\_\_ No<sup>3</sup>
3. What is the date of disposition for the Agency's final (appointing authority review) appeal? \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year.
4. Did employee's appeals comply with all 15 day appeal deadlines following rater review, appointing authority review and/or any other internal reviews called for in agency-specific procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No<sup>4</sup>
5. Was the employee given a complete copy of his/her review following his/her review conference? \_\_\_\_\_ Yes \_\_\_\_\_ No.<sup>5</sup>
6. Has this agency been granted authority from DAS to complete employee evaluations other than with the window at least 30 days prior to or 30 days following the employee's anniversary date? \_\_\_\_\_ Yes \_\_\_\_\_ No. (If yes, skip item 7 below)
7. Was the employee's annual review completed within the 60 day window around his/her anniversary date? \_\_\_\_\_ Yes \_\_\_\_\_ No. \_\_\_\_\_ N/A
8. Has the employee's supervisor completed either DAS or Agency-provided training in the use of OPRS or principles of supervision evaluation and performance management? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ don't know<sup>6</sup>

**Part Two. Agency's Position**

Why did the rater or the personnel officer<sup>7</sup> find at the first review that the employee's complaint was not warranted?

\_\_\_\_\_  
<sup>1</sup> Appellant's name \_\_\_\_\_ and Empl ID: \_\_\_\_\_

<sup>2</sup> OAC 123:1-29-02 (A).

<sup>3</sup> OAC 123:1-29-02 (B) (1) (2).

<sup>4</sup> OAC 123:1-29-03 (A)

<sup>5</sup> The Ohio Performance Review System Manual, p. 20.

<sup>6</sup> Please provide copies of agency training materials if applicable unless they are on file with at DAS already.

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Why did the reviewer, the appointing authority's designee, agree with the first rater or the personnel officer that the employee's complaint was not warranted?

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**Part Two: Documentation.**

Please provide a copy of the **evaluation**, any **performance improvement plan**, any **monitoring records** or other evidence of timely supervisory intervention or feedback that would tend to indicate that the supervisor handled this evaluation fairly and consistent with OPRS procedures or additional formal procedures adopted by the agency. If the agency has enacted additional procedures beyond those specified in the OPRS Manual, please provide a copy of relevant **agency procedures if they are not on file now at DAS.**

Agency Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check **all that apply**:

\_\_\_\_\_ Documents requested in part two above will accompany this form

\_\_\_\_\_ Agency training documents on file at DAS

\_\_\_\_\_ Agency procedures, rules on file at DAS

\_\_\_\_\_ DAS authorization for alternative review dates on file at DAS

\_\_\_\_\_ Plans, monitoring records, dated e-mails, notes etc. to be provided separately.