

CONFIDENTIAL

PERFORMANCE MANAGEMENT APPEAL FORM



Republic of Mauritius

MINISTRY/DEPARTMENT:

Section 1

(to be filled in by Appraisee within 7 working days of moderation exercise following final appraisal)

NAME OF APPRAISEE:

GRADE: SECTION/UNIT:

| AREAS OF DISSATISFACTION | REASONS * |
|--------------------------|-----------|
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* (please attach relevant supporting documents)

Signature:

Date:

Section 2

(to be filled in by Appraiser within 3 working days of receipt of Form)

COMMENTS OF APPRAISER:

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Name: Signature: Date:

Section 3

(to be filled in by Next Level Supervisor within 3 working days)

COMMENTS OF NEXT LEVEL SUPERVISOR:

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Name: Signature: Date:

Section 4

(Report of Appeal Panel to be submitted within 15 working days or as specified by Supervising Officer)

| COMPOSITION OF PANEL | |
|-----------------------------|---------|
| Chairperson : | Grade : |
| Member : | Grade : |
| Member * : Min/Dept : | Grade : |

** (in case of external member, specify Ministry/Department)*

REPORT:

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Signature :

Chairperson Member Member Date

Section 5

(to be signed and communicated by Supervising Officer to all parties concerned within 5 working days of receipt of Report)

ENDORSED BY SUPERVISING OFFICER

Name: Signature: Date: