

**Rutgers University  
Pay-For-Performance Program  
Review Request Form**

Pay-for-Performance program-eligible staff who claim that one of the following occurred:

- that the program procedures were not followed; or
- that there was a demonstrable factual inconsistency; or
- that they were not evaluated according to the performance standards for their job

may request a review by completing this form and submitting it to their immediate supervisor not later than 30 calendar days after receipt of the salary notification letter from University Human Resources, or notification by the department where there is no salary change.

**Step 1**

To:

Date: / /

(Immediate Supervisor)

From:

(Staff Member's Name)

I am invoking the review process for the following reason(s) (check & complete one or more sections):

- The program procedures were not followed. (Explain & attach pages as necessary)
- There was a demonstrable factual inconsistency. (Explain & attach pages as necessary)
- I was not evaluated according to the performance standards for my job. (Explain & attach pages as necessary)

\_\_\_\_\_  
(Signature of Staff Member)

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Staff Member's Name:

**Supervisor's Reply to Step 1 (Attach pages as necessary):** The supervisor must provide a written resolution to the employee within 30 calendar days of receipt of the employee's completed form invoking the review process.

(Typed Name of Supervisor) \_\_\_\_\_ / /  
(Supervisor's Signature) (Date)

**Step 2**

If the employee is not satisfied with the supervisor's written resolution, the employee may, within 30 calendar days of receipt of the supervisor's written response, request in writing a review of the matter by the dean or director, who should also meet with the employee.

To: \_\_\_\_\_ Date: / /  
(Dean or Director)

I request a review and meeting for the following reason:

\_\_\_\_\_  
(Signature of Staff Member) / /  
(Date)

cc: Immediate Supervisor

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Staff Member's Name:

**Dean or Director's Reply to Step 2 (Attach pages as necessary):** A written resolution must be provided to the employee within 30 calendar days of receiving the employee's request.

Date of Meeting with Employee:    /    /

\_\_\_\_\_ / /  
(Typed Name of Dean or Director)    (Signature)    (Date)

**Step 3**

If the employee is not satisfied with the dean or director's written resolution, the employee may, within 30 calendar days of receipt of the dean or director's response, request in writing a review of the matter by the vice president or chancellor.

To: \_\_\_\_\_ Date:    /    /  
(Vice President or Chancellor)

I request a review of this matter for the following reason:

\_\_\_\_\_ / /  
(Signature of Staff Member)    (Date)  
cc:    Immediate Supervisor  
       Dean/Director

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Staff Member's Name:

**Vice President's or Chancellor's Reply to Step 3 (Attach pages as necessary):**

(Typed Name of Vice President or  
Chancellor) \_\_\_\_\_ / /  
(Signature) (Date)

cc: Immediate Supervisor  
Dean/Director