# City of St. Louis
# Department of Personnel
# 1114 Market Street, Room 700

## Service Rating Appeal Form

**Name:** _____

**Home Address:** _____

**Department:**_____

**Rating Anniversary Date:** _____

**INSTRUCTIONS: (This form must be used as a face sheet to appeal a Service Rating.)** Carefully follow these instructions to ensure your request for an appeal is received no later than the deadline. You may attach as many pages as you need to complete your written statement.

1. **Please check one of the following boxes below to identify the TYPE of rating you are appealing.** Working Test Period Service Ratings cannot be appealed. Annual and Interim Service Ratings with **(OVERALL) Highly Successful or Successful cannot be appealed.**

   ☐ **Annual Rating** ☐ **Interim Rating**

2. **List each performance factor you dispute** (e.g. Customer Service, Interpersonal Skills, Judgment, etc.), indicate what rating you believe you should have received, and justify your request for amending the rating. You may also do this for the OVERALL rating.

3. **Include a copy of your Service Rating,** and attachments to it, and documents that you believe support your request to amend the rating.

4. This form, along with responses to 2 and 3 above, must be received by the Department of Personnel within ten (10) calendar days from the date he or she received the signed official rating form (see item #22 on Service Rating). If the tenth day falls on a holiday or weekend, the following business day at 5:00 p.m. becomes the deadline.
   You can mail, deliver, or fax your appeal and related documents:

**City of St. Louis**
**Department of Personnel-Employee Relations**
**1114 Market Street, Room 700**
**St. Louis, MO 63101**
**Fax # 314.622.4810**

Please call Employee Relations at 314.622.3563, if you have any questions regarding the Service Rating Appeal process.

_____ _____

Date Employee's Signature

Revised-3/2015 DOP