

Administrative Review Procedure for Salary Adjustments
REVIEW APPEAL
Department of Employee Relations
City of Milwaukee

Instructions - This form is to be used by employees who are denied a salary adjustment based on an unsatisfactory employee assessment for a Group A employee or an unsatisfactory performance appraisal for a Group B employee. Only after an employee has exhausted the departmental review process are they able to ask for an administrative review by DER.

The scope of this administrative review is limited to procedural and/or methodology considerations. Examples include: the use of rating factors or core competencies that are not job related, the use of inappropriate circumstances (such as protected leave) in rating a specific area as needing improvement, the use of disciplinary action that is overturned in appeal, or the use of allegations regarding misconduct without a proper investigation.

The Review Appeal form and supporting documentation must be submitted to the Department of Employee Relations within ten (10) business days of receipt of a denial of salary adjustment.

The completed administrative review form should be sent to the Department of Employee Relations – Pay Services Section – Room 706, City Hall.

Steps

1. Complete this form in its entirety. If something does not apply, enter N/A.
2. Attach a copy of the Employee Assessment or Performance Appraisal Form.
3. Attach supporting documentation. Note, the documentation must pertain to the review period for which an administrative review is requested.
4. Submit the Request for Review of Pay Progression Denial Form, including supporting documentation, to the Department of Employee Relations, City Hall - Room 706 within ten (10) business days of receiving the denial of salary adjustment from the appeal process of your department.
5. Keep a copy of this form and documentation provided.
6. Be sure to include only relevant information that supports this review and requested assessment/performance rating.

APPEAL REVIEW ***For Salary Adjustments***

Employee Name:	Title:
Telephone #:	Department:
Email address:	
Date Employee Assessment was received:	
1. Please provide a detailed reason for requesting a review of your employee assessment or performance evaluation? <i>Provide the pertinent facts related to your request for this review.</i>	
2. What specific area of the employee assessment or performance evaluation do want DER to review? <i>Attach a copy of the employee assessment or performance evaluation form</i>	
3. What, if any, positive feedback did you receive relating to that area during the review period? <i>Please provide documentation such as emails, commendations, etc.</i>	
4. What, if any, performance feedback indicating improvement was needed did you receive during the review period? <i>Please provide documentation such as emails, etc.</i>	
Name and Contact of Department Representative responding to appeal prior to DER review.	
Employee Signature:	Date: