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Superintendent of Education

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KAHTERINE M.P. ADA  
Personnel Services Administrator

## JOB RATING APPEAL FORM

NAME (PRINT):	TODAY'S DATE:
MAILING ADDRESS:	TELEPHONE NO:
POSITION APPLIED FOR:	DATE OF NOTICE OF RATING:

JUSTIFY BELOW WHY YOUR RATING SCORE SHOULD BE AMENDED. STATE ON WHAT BASIS YOU QUALIFY OR DESERVE HIGHER EVALUATION RESULTS. (Should you require additional space, use the reverse side of this form.)

ARE YOU ATTACHING SUPPORTING DOCUMENTS TO THIS FORM?	( ) YES	( ) NO
IF YES, DESCRIBE DOCUMENTS:		

CERTIFICATION & SIGNATURE: I certify that the information and/or documents provided concerning my qualifications for the above stated position are true and accurate.

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW - FOR PERSONNEL OFFICE USE ONLY \*\*\*\*\*

( ) AMEND RATING ( ) STATUS QUO	REMARKS:
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SPECIALIST'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_