

# National Security Personnel System

## Employee Request for Reconsideration

### Cover Page

#### INSTRUCTIONS:

1. Complete all information requested on this cover page.
2. Submit this cover page; written justification for requesting reconsideration of the rating of record and/or job objective(s) rating (state what change is being requested and the basis for the change); along with a copy of the rating of record (DD Form 2906) being challenged to the Pay Pool Manager, with a copy of the complete packet to your rating official and Servicing Human Resources Office.
3. This request must be submitted within 10 calendar days of the receipt of the rating of record or job objective rating.

**Note:** Additional information for the reconsideration process is available in 5 CFR 9901.413; DoD 1400.25-M, SC1940.13; local guidance and the Attachments Tab on the left side of this cover page.

#### EMPLOYEE INFORMATION

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I designate the following individual to serve as my representative to assist me in pursuing this reconsideration request. I recognize that any representative's request for official time must be approved by the representative's supervisor.

Name:

Phone Number:

I am  /am not  (check one) alleging that prohibited discrimination or reprisal occurred in relation to the challenged rating of record or job objective rating.

In addition to submitting my written request of reconsideration in writing, I am  /am not  requesting for a discussion/meeting with the pay pool manager.

#### RATING INFORMATION

Date received Rating of Record and Job Objective Ratings: \_\_\_\_\_

Name of Rating Official: \_\_\_\_\_

My current rating of record is: (select one):  1  2  3  4  5

I am dissatisfied with rating of job objective(s) number: 1 2 3 4 5 6 7 8 9 10

Brief summary of specific reasons and basis for reconsideration request:

Attach detailed description of specific reasons and basis for reconsideration. Ensure to include your name, organization and telephone number on each page and include a copy of the completed appraisal you are challenging along with any justifying documentation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_