



DEPARTMENT OF EDUCATION
HUMAN RESOURCES DIVISION
GOVERNMENT OF GUAM
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Judith T. Won Pat, Ed.D.
Acting Superintendent of Education



Katherine 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 *****	
<input type="checkbox"/> AMEND RATING	REMARKS:
<input type="checkbox"/> STATUS QUO	
SPECIALIST'S SIGNATURE:	DATE:
SUPERVISOR'S SIGNATURE:	DATE: