**Request for PDRP Review (Appeal)**

**❑ Outcome ❑ Process**

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| --- | --- | --- | --- |
| Employee ID: |  | Name: |  |
| PDRP Level applied for |  | Manager / Work Area |  |

**To be completed by the applicant**

 **Outline reasons for the appeal:**

For the purposes of the appeal, I agree to make my e-portfolio available for this process.

Name: Signature: Date

**Please sign this form and scan to:** **PDRPteam@waikatodhb.health.nz**

**Request for PDRP Review**

**To be completed by the reviewer**

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| --- |
| **Appeal Review:** **Situation:****Background: (Timeline of situation/ process)****Assessment:****Recommendation:****Date Applicant notified of outcome:****Response:** |

**Reviewers name: Signature / APC / Date:**

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| **Office Use Only** |  |  |  |
| Date Received: |  | Appeal Reviewer: |  |
| Review Date: |  | Outcome Date |  |
| Verbal Notification Date: |  | Written Notification Date: |  |