**Request for PDRP Review (Appeal)**

**❑ Outcome ❑ Process**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**](mailto:PDRPteam@waikatodhb.health.nz)

**Request for PDRP Review**

**To be completed by the reviewer**

|  |
| --- |
| **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: |  |