

**NSPS REQUEST FOR RECONSIDERATION
2010 PAYOUT**

PART A - EMPLOYEE INFORMATION *(To Be Completed by Employee)*

1) Employee Name	2) Duty Phone
3) Duty Location	4) Email Address
5) Functional Organization	6) Work Schedule
7) NSPS Position Title	8) Pay Schedule - Occupational Code-Pay Band
9) Name of Rating Official/Supervisor	10) Duty Phone
11) Name of Pay Pool Manager	12) Duty Phone

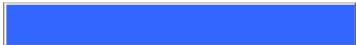
PART B - REQUEST FOR RECONSIDERATION *(To Be Completed by Employee)*

1) Date of Request	2) Date Performance Rating Received
3) I Request an Opportunity to Personally Address The Pay Pool Manager <input type="checkbox"/> No <input type="checkbox"/> Yes I Understand the Pay Pool Manager Will Decide Whether Such Communication Will be Accomplished.	
4) Request a Designated Representative <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If "Yes" Please Provide Name, Organization, Duty Phone, Email Address)</i> I Understand the Pay Pool Manager Will Determine Whether There is a Conflict of Interest Before Representative Can be Designated.	
5) Change I am Requesting <i>(State the Overall Rating Change and Specify the Job Objective Rating Change(s) Being Requested)</i> . I understand that once my reconsideration is submitted to the PPM, I cannot change or add new information.	
6) Reason for Changes Requested <i>(Provide Narrative Explanation Supporting the Changes Requested)</i> I understand that once my reconsideration is submitted to the PPM, I cannot change or add new information.	

PART C - EMPLOYEE SIGNATURE

I Request Reconsideration of my Performance Rating of Record.	
Employee Signature	Date

Attach a copy of the DD Form 2906, Rating of Record, and documentation supporting change request and E-Mail to DXH-AGP@MDA.MIL.



PART D - PAY POOL MANAGER DECISION (To Be Completed by PPM)

- | | |
|--|--|
| <input type="checkbox"/> Requested Reconsideration Approved: | Change Job Objective rating number ____ to ____. |
| Change Overall rating from ____ to ____. | Change Job Objective rating number ____ to ____. |
| <input type="checkbox"/> Requested Reconsideration Partially Approved: | Change Job Objective rating number ____ to ____. |
| Change Overall rating from ____ to ____. | Change Job Objective rating number ____ to ____. |

Rational for Decision

Requested Reconsideration Disapproved; State Reasons for Disapproval

The Request is Cancelled for the Following Reason(s)

Name of PPM

Title

PPM Signature

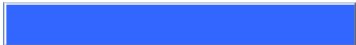
Date

PART E - EMPLOYEE ACKNOWLEDGEMENT

I Acknowledge Receipt of PPM Decision

Signature

Date



PART F - REQUEST FOR PRA REVIEW (To Be Completed by Employee)

1) Date of This Request	2) Date PPM Decision Received
3) Name of PPM	4) PPM Duty Phone

PART G - EMPLOYEE SIGNATURE

I Request Reconsideration of my Performance Rating of Record.

Employee Signature	Date
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Attach a copy of the DD Form 2906, Rating of Record, and documentation supporting change request and E-Mail to DXH-AGP@MDA.MIL.

PART H - PRA FINAL DECISION

<input type="checkbox"/> Requested Reconsideration Approved: Change Overall rating from _____ to _____ .	Change Job Objective rating number _____ to _____ . Change Job Objective rating number _____ to _____ .
<input type="checkbox"/> Requested Reconsideration Partially Approved: Change Overall rating from _____ to _____ .	Change Job Objective rating number _____ to _____ . Change Job Objective rating number _____ to _____ .

Rational for Decision

Requested Reconsideration Disapproved; State Reasons for Disapproval

The Request is Cancelled for the Following Reason(s)

Name	Title
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PRA Signature	Date
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Date Final Decision Provided to Employee, Rating Official, and Pay Pool Manager

PART I - EMPLOYEE ACKNOWLEDGEMENT

I Acknowledge Receipt of PRA Decision

Signature	Date
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