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| For PRS Office Use Only: | Received | By Whom | Request No. |

**REQUEST FOR REVIEW**

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| --- | --- | --- | --- | --- |
| Name: |  |  | UPI: |  |
|  |  |  |  |  |
| Position Title: |  |  | Department: |  |
|  |  |  |  |  |
| Duty Station: |  |  | Grade Level: |  |

**I. Disputed Employment Matter(s)**

1. Identify the Disputed Employment Matter(s) you are requesting review:

2. When did you receive notice of the Disputed Employment Matter(s) and how?

(Please attach notice of decision(s) if applicable).

3. Identify the responsible manager(s)/supervisor(s) of the Disputed Employment Matter(s):

4. Please provide a brief statement of the relevant facts leading up to the Disputed Employment Matter(s):

5. Why are you challenging the Disputed Employment Matter(s)? To prevail in the peer review process, you must show that the disputed employment matter was not consistent with your contract of employment or terms of appointment. In reviewing your claim, the Panel will examine: (i) the reasons for the decision; (ii) whether Bank Group procedures were followed; and/or (iii) whether the decision was made in good-faith.

6. What relief are you seeking? (Please explain what you would like to happen)

7. Have you tried to resolve the Disputed Employment Matter(s) with your supervisor or manager?

8. Would you be agreeable to resolve your claims through mediation?

**II. Documents**

1. You may attach not more than ten relevant documents in support of your claims. Please identify and number them in the order you attach them to this document and provide a brief explanation of their relevance to the Disputed Employment Matter(s).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description | Date | Relevance |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

2. Are there any documents not in your possession you would like management to produce in support of your claims? If so, please identify them.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description | Date | Relevance |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**III. Type of Review**

1. How would you like your request to be reviewed?



 **OR**



 If you have selected a hearing, then please specify the location:

 

 

 If Country Office, then please specify the following:

|  |  |
| --- | --- |
| Country Office Location: |  |

 Hearing Type:

 

 

 

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| --- |
| If you selected a Hearing, please indicate your availability to participate in a hearing within the period *two to four months* from the date of the submission of your Request for Review: |
|  |

**IV. Witnesses**

If you elected to proceed on the basis of a hearing, you may suggest witnesses you wish the Peer Review Panel to interview who may have relevant information in support of your claims. Please identify them along with their contact information, and provide a brief explanation of the relevant information they could share with the Panel:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Title | Contact Information | Relevance |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**V. Copy to Ombudsman**

Please be advised that in accordance with Staff Rule 9.03, Annex A, para. 34, a copy of the final decision on the Request for Review, along with the Peer Review Panel’s Report, will be provided to the Office of the Ombudsman unless the Requesting Staff Member objects. If you object, please check the box below:

 **I object.** Please do not forward to the Ombudsman a copy of either the final decision on my Request for Review or the Peer Review Panel's Report.

**VI. Contact Information**

|  |  |
| --- | --- |
| I prefer to receive documents and to be contacted at  |  |

 If you have selected "Home", please provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address: |  |  | Home Telephone: |  |
|  |  |  |  |
|  |  |  |  |  |
| Personal eMail: |  |

Requesting Staff Member’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Requesting Staff Member is required to draft submissions in his/her own words. Attorneys may not draft submissions.*

**PEER REVIEW**

**Request for Review**

**INSTRUCTIONS**

*The Requesting Staff Member is required to draft submissions in his/her own words. Attorneys may not draft submissions.*

**If you require assistance, please contact**

**the Peer Review Secretariat at (202) 473-5884**

**or** **peerreview@worldbank.org**

**Filing Your Submission.** To be considered timely, please file your form and the associated attachments with the Peer Review Secretariat on or before the deadline as follows:

Electronically: peerreview@worldbank.org;

In Person: Room G4-191\*;

By Mail: MSN G4-400; or

By Fax: (202) 522-2709.

Please note that your submission will not be accepted unless it is signed. When filing, **please provide the original plus six copies of the document**. (Staff members whose official duty station is outside of Washington, D.C. are exempted from the requirement to provide copies and are permitted to submit the original document with no copies.)

\*if filing after normal business hours, please use the drop “drop-box” located outside of the PRS offices.

**I. Disputed Employment Matter(s)**. You may enter details on up to three Disputed Employment Matters. Please read the following definitions/instructions carefully:

1. A "**Disputed Employment Matter**" is a managerial decision, action, or inaction that you believe is inconsistent with your contract of employment or terms of appointment (see S.R. 9.03, para. 6.01), and that you wish to have reviewed in the peer review process. Please note that not all matters may be reviewed by the Peer Review Services. (See S.R. 9.03, para. 6.04).

2. The **date of** “**notice**” is the date you received written notice of the disputed employment matter or ought reasonably to have been aware that the disputed employment matter occurred. (See S.R. 9.03, para. 7.02).

3. The “**responsible manager**” is the manager with direct responsibility over the disputed employment matter. Generally, this person will also serve as the Responding Manager. (See S.R. 9.03, Annex A, para. 10).

4. Describe the **Relevant Facts** relating to the disputed employment matter. Specifically, describe in numbered paragraphs, in chronological order if feasible: (i) the relevant facts immediately leading up to the disputed employment matter; (ii) the rationale management gave for the disputed employment matter; and (iii) any facts that would tend to show that the disputed employment matter was contrary to your contract of employment or terms of appointment.

5. **Basis for the Request for Review**. To prevail in the peer review process, you must show that the disputed employment matter was not consistent with your contract of employment or terms of appointment. These include the terms in your letter of appointment and all pertinent Bank Group rules and policies, including the Principles of Staff Employment and the Staff Rules. (See SR 9.03, para. 6.01). In reviewing your claim, the Panel will examine: (i) the reasons for the decision; (ii) whether Bank Group procedures were followed; and/or (iii) whether the decision was made in good-faith.

6. **Requested Relief**. Describe the relief you request and explain why you believe it is appropriate.

7. **Steps taken**. For each disputed employment matter, describe the steps you have taken to attempt to resolve it.

8. **Mediation**. The Panel or Chair of the Peer Review Services has the authority to refer cases to the Office of Mediation or any other office or individual within the Bank for informal resolution. (See S.R. 9.03, para. 10.03). Please indicate whether you would like your case referred for informal resolution.

**II. Documents**. For many types of Disputed Employment Matters, there are certain documents Panels routinely wish to review. For the sake of efficiency, you are asked to produce any such document(s) in your possession with this form. Attached a list of commonly Disputed Employment Matters and the documents the Panel requests the parties to submit in connection with each.

**III. Type of Review Requested**. You may request review of a Disputed Employment Matter via hearing or a written proceeding. (See S.R. 9.03, paras. 10.05 and 10.06). Hearings may be held in person, telephone conference or videoconference. (See S.R. 9.03, Annex A, para. 28.).

**IV. Witnesses**. You may identify witnesses you wish the Panel to interview who have relevant information to support your claims.

**V. Copy to Ombuds**. Indicate whether you wish the Ombuds to receive a copy of the Panel’s recommendation.

**VI. Contact Information**. To assist the Peer Review Secretariat in its efforts to preserve confidentiality and to reduce delays in the processing of your request, it is required that you maintain a current telephone number and address at which documents can be sent, at all times, during the peer review process. If you change your address while your case is pending, you must immediately notify the Peer Review Secretariat. Failure to maintain contact with this office and/or provide accurate timely contact information may lead to your request being administratively closed for failure to pursue.

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| **DISPUTED EMPLOYMENT MATTER** | **KEY DOCUMENTS** |
| **A. Benefits and Compensation** |
| 1. Failure to provide benefit | a. Copy of Staff Rule in existence at time of disputed employment matterb. Evidence of practice of applying Staff Rule to other staff members |
| **B. Ending Employment** |
| 1. Non-extension of contract | a. Letter of Appointmentb. Any documents the Requesting Staff Member believes evidence a promise or obligation to extend the contractc. Any documents the Responding Manager believes evidence the lack of a promise or obligation to extend the contractd. Documents notifying the staff member of the termination of the contract, if anye. Documents notifying the staff member of reasons for the non-extension of contract, if any |
| 2. Redundancy | a. Request for Approval of Severance Payment with redundancy rationale and signed approvalsb. Notice of Redundancyc. List of vacancies opened and filled in the relevant unit within [a specified period] relative to the effective date of the redundancy |
| **C. Performance Management** |
| 1. OPE | a. The OPE for the year in questionb. The written feedback from feedback providers (if feedback is confidential, then it will be reviewed only by the Panel) |
| 2. SRI | a. Bell curve distribution of SRI ratings (identifying grade level; OPE ratings; and SRI – redacting confidential information) |