

CLASSIFICATION & COMPENSATION APPEALS PROCESS FORM

Employee Name: _____ Employee Position Number: _____
 Employee 93 Number: _____ Current Job Title: _____
 Department: _____ Supervisor: _____

Please indicate the reason for your appeal, attach supporting information, and submit to University Human Resources Classification/Compensation via Box. This form must be received in University Human Resources in advance of the published date for quarterly appeals reviews. Ensure that you have the endorsement of your cabinet member and other managers in the line of authority.

- The job description does not accurately reflect the purpose and general responsibilities of the position.**
 Job descriptions are designed to describe in general terms the work performed. A job description does not convey everything a person may possibly do on the job. The length of a job description is not an indication of its importance or value to the university. Appeals may include information not previously submitted.

- The assigned pay range for the job position title is not appropriate for the position.**
 Please indicate the pay range you are recommending and describe in detail reasons you believe the recommended pay range is more appropriate for your position.

- I am appealing a salary determination and have evidence attached to support the request.**
 Please specify the reason you believe the compensation request needs reviewing. Attach justification documentation such as professional market studies, internal positions within the University with similar scope of work, etc.

Please describe the basis for your appeal and the proposed action you recommend; attach separate page if needed:

Supervisor Signature: _____ Date: _____

Manager/Director Signature: _____ Date: _____

Cabinet Signature: _____ Date: _____

Recommendation of the Appeals Committee (Forwarded to Chief Human Resources Officer):