

Compensation Classification Appeal Form

Professional, Management, Administration Group

Section 1: Employee Information

Name:

Position Title:

Department:

Supervisor:

Date of Classification Decision:

Date of Appeal Submission:

(Note: Appeal must be submitted within 10 business days from the date of classification decision.)

Section 2: Appeal Request

1. Reason for Appeal

Please provide a detailed explanation of why you believe your current compensation classification does not accurately reflect your role, responsibilities, or market value.

2. Supporting Documentation

Please attach all relevant supporting documents, including job descriptions, or any other documentation that supports your appeal.

- Attachments:

Job Description

Other (Specify): _____

Section 3: Supervisor Review (To be completed by the immediate supervisor)

1. Review Date: _____

2. Supervisor's Comments

Please summarize the discussion with the employee and provide your review of the appeal.

3. Supervisor's Recommendation:

Support the appeal

Deny the appeal

Justification for Recommendation:

Supervisor's Signature: _____

Date: _____

Section 4: Executive Leadership Review

1. Review Date:

2. Executive Leader's Comments:

Please summarize your review of the appeal, including any consultations with HR or additional data considered.

3. Executive Leader's Recommendation:

Support the appeal

Deny the appeal

Justification for Recommendation:

Executive Leader's Signature:

Date:

Section 5: Presidential Review

1. Review Date:

2. Final Decision:

Support the appeal

Deny the appeal

Justification for Decision:

President's Signature:

Date:

Section 6: Employee Notification (*Human Resources Use Only*)

Date of Decision Notification:

Final Decision Summary:

Effective Date of New Classification (if approved):

Confidentiality & Record Keeping:

All documents related to this appeal process will be maintained in the employee's personnel file.