# **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
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Deny the appeal

### Justification for Recommendation:

Supervisor's Signature:

Date:

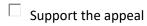
## Section 4: Executive Leadership Review

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:



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.