



CAREER BANDING APPEAL FORM

Note: The employee must submit this completed form to Human Resources, CPO #1450, within 30 calendar days of receiving notification of the career banding action being appealed.

EMPLOYEE NAME:	DEPARTMENT:	PHONE #:
POSITION NUMBER (if known):	POSITION TITLE:	
POSITION COMPETENCY LEVEL:	EMPLOYEE COMPETENCY LEVEL:	
SUPERVISOR NAME:	SUPERVISOR TITLE:	PHONE #:
DATE EMPLOYEE RECEIVED HR NOTIFICATION OF CAREER BANDING ACTION BEING APPEALED:		

Reason(s) for the Appeal:

- Amount of salary adjustment* is less than appropriate amount as determined through pay factors.
- No salary adjustment* has been granted when applicable pay factors would support an adjustment.
- Employee competencies have been inappropriately evaluated (attach a copy of Employee Competency Assessment Form that is the basis for this appeal).

**Note: Career banding salary adjustment decisions that are restricted because of limited funding are eligible for appeal consideration only if the University salary plan is not followed.*

Justification for this Appeal:

Action(s) Requested:

Employee's Signature

Date

Return completed document to Human Resources, Attn: Director of Employee Relations, CPO #1450

For Human Resources Use Only:

Date Received in HR:	
Initial HR Review Conducted by:	<input type="checkbox"/> Appeal Forwarded to: _____ Date sent to Reviewer: _____ Date due back to HR: _____
<input type="checkbox"/> Appeal Denied – reason:	
<input type="checkbox"/> Appeal Granted – adjustment actions to be taken:	

The Vice Chancellor should attach recommendations on a separate sheet, including documentation supporting the recommendations, and return materials to Human Resources.