

SUPPORT STAFF APPEAL FORM

Date _____

Appeals ONLY Accepted January 15, 2019 – February 15, 2019

Name(s) _____

Basis of Appeal

___ Job Title

Phone /Day _____ Evening _____

___ Job Group

Immediate Supervisor _____

___ Salary

___ Individual Appeal

___ Placement on Salary Matrix

___ Group Appeal

___ Prior Related Experience
(request verification form)

Current

Proposed

Job Title _____

Salary _____

Group _____

Brief Description of Issues: _____

Please Check What Applies

Comments

Function Description

Additional Functions _____

Job Evaluation

Complexity – people _____

Complexity – data _____

Complexity – equipment _____

Responsibility _____

Knowledge _____

Skills _____

Working Conditions _____

Other _____

Information will be verified through your supervisor.

Your Signature _____

Supervisor's Signature _____