UNIVERSITY OF MASSACHUSETTS APPEAL OF POSITION LEVEL

I. Name: Date:

Department:

Working Title:

Assigned Position Level:

Position Level Sought: Signature:

II. Signature of Department Head: Date: (Organizational Chart and comments of both the employee and Department Head must be attached.)

III. Position Level Recommended by Division of Human Resources:

Name: Signature: Date:

IV. I wish to appeal the determination above.

Name: Signature: Date:

V. Position Level Recommended by Board:

Name: Signature: Date: (Written justification must be attached.)

cc: Staff Member, Department Head, Dean or Director, Vice Chancellor, Manager of Total Compensation