Appendix #4

UNIVERSITY OF MASSACHUSETTS APPEAL OF POSITION LEVEL

1. Name: Date:

Department:

Working Title:

Assigned Position Level:

Position Level Sought: Signature:

1. Signature of Department Head: Date:

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

1. Position Level Recommended by Division of Human Resources:

Name: Signature: Date:

1. I wish to appeal the determination above.

Name: Signature: Date:

1. 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