

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