

UNIVERSITY OF MASSACHUSETTS
REQUEST FOR EQUITY REVIEW

I. Name of Incumbent: _____ Date: _____

Department: _____

Working Title: _____

Current Salary: _____

Salary Sought: _____ Signature
of Requester: _____

(Job description must be attached. Justification must be attached.)

II. Salary Recommended by Department Head: _____
(Organizational Chart must be attached. Memo of justification for request/recommendation MUST be supplied by Department Head.)

Name: _____ Signature: _____ Date: _____

III. Salary Recommended by Division of Human Resources: _____

Name: _____ Signature: _____ Date: _____

IV. I wish to appeal the determination above.

Name: _____ Signature: _____ Date: _____

V. Salary Recommended by Board: _____

Name: _____ Signature: _____ Date: _____

(Written justification must be attached.)

cc: Staff Member, Department Head, Dean or Director, Vice Chancellor or Chancellor, Director of Human Resources