

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 or Chancellor, Director of Human Resources