

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