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