UNIVERSITY OF MASSACHUSETTS
REQUEST FOR EQUITY REVIEW

I. Name of Incumbent: ________________________________ Date: _____________
   Department: ________________________________
   Working Title: ________________________________
   Current Salary: ________________________________  Signature
   Salary Sought: ________________________________  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