



Job Evaluation Appeal Form (JEAF)
 (Refer to the Job Evaluation Policy and Procedures)

PLEASE COMPLETE ALL SECTIONS

STEP I - MUST BE REQUESTED WITHIN 10 DAYS OF RECEIVING THE RESULTS	
<input type="checkbox"/>	Request (as per Job Evaluation Policy) an informal review between the Job Analyst, and the employee and/or Department Head. <i>Step I must be completed before requesting Step II</i>
STEP II - MUST BE COMPLETED WITHIN 10 DAYS OF THE COMPLETION OF STEP I	
<input type="checkbox"/>	Request formal appeal - attach a thorough explanation as to the rationale for the appeal.

SECTION I

TITLE OF JOB BEING DESCRIBED:	_____
DEPARTMENT AND/OR FACULTY:	_____
EMPLOYEE'S NAME:	_____
EMPLOYEE'S SIGNATURE:	_____
DEPARTMENT HEAD'S NAME:	_____
DATE QUESTIONNAIRE COMPLETED:	_____
DEPARTMENT HEAD'S SIGNATURE:	_____
RECEIVED BY HUMAN RESOURCES: _____	DATE: _____
RECEIVED BY JOB EVALUATION APPEALS COMMITTEE: _____	DATE: _____

TO BE COMPLETED BY HUMAN RESOURCES

POSITION CODE	GROUP	STEP	LAST REVIEWED