

PERSONNEL ORDINANCE Request for Review

1. Request for Review of:
_____ Classification recommendation (complete Section 3)
_____ Salary range recommendation (complete Section 4)

2. Name: _____
Department: _____ Work Phone: _____
Designated Representative (if any): _____
Address: _____ Phone: _____

3. Why do you think the recommended classification is not appropriate for your position?

What do you think is the correct classification for your position? (Must be an existing classification.) Why is it a better classification for your position?

4. Why do you think the recommended salary range is not appropriate for your classification/position?

What do you think is the correct salary range for your classification/position? (Attach relevant market data or other information to support your argument.)

Attach additional sheets if necessary.

My signature affirms that all information on this form is true to the best of my knowledge.

Petitioner's Signature

Date

Petitioner's Representative (if applicable)

Date

*****PERSONNEL USE ONLY*****

Date Sent: _____

Deadline to File Appeal: _____

PERSONNEL ORDINANCE

Request for Review – Written Findings

1. Employee: _____ Dept: _____

Former Class: _____ Former Salary Range: _____

Current Class Recommendation: _____ Current Salary Recommendation: _____

2. _____ Classification Allocation

_____ Compensation for Classification

3. Describe the issues presented in the request for review (include request for review form and any additional issues brought forth in interviews with the employee or salary surveys).

4. Findings and opinion.

- a. For classification matters include explanation of appropriate assignment to a classification based on the position's typical tasks, duties and responsibilities.
- b. For compensation matters explain market data information and the internal relationship with other classifications.

5. Classification allocation/salary range recommendation.

6. The above findings represent the final staff recommendation for classification allocation/salary range recommendation. If you wish to contest these issues further, you may request the matter be reviewed by the Classification/Compensation Review Panel (CCRP). A request to go to the CCRP must be made in writing, addressed to the Director of Employee Services, and received by the Personnel Division by _____ (10 days from the date these findings were issued). If no request to forward the matter to the CCRP is received within these timelines the recommendations referenced in the above recommendation (5) will be implemented.

Findings issued by: _____ Dated: _____