



**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. <p align="center"><i>Step I must be completed before requesting Step II</i></p>
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 1**

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	
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RECEIVED BY JOB EVALUATION APPEALS COMMITTEE		DATE	
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**TO BE COMPLETED BY HUMAN RESOURCES**

POSITION CODE	GROUP	STEP	LAST REVIEWED