

COMPENSATION STUDY APPEALS FORM

This form serves as a formal appeal to the Compensation study results completed by Human Resources. This form is designed to allow you to submit information related to concerns you have about your specific compensation study results. The information that you submit will be used to assist the Human Resources Department in the evaluation of your specific appeal.

I. Employee Information

Your Name:	Department:
Supervisor's Name:	Your Classification Title:
II. Description of Issue	
For example, Benchmark Discipline, Current Pay Grade/ Salary Range, Classification Title, etc.	
Employee Cianature	
Employee Signature:	
Supervisor Signature:	
Division Head/VP Signature:	

Signed appeal should be forwarded to: wsams@citadel.edu