

RSCR* Appeal / Response Form

* Request for Salaried Classification Review

Appeal #: _____

RSCR #: _____

(For HR Use Only)

I believe that the determinations as reported in the *HR Response to RSCR* are inaccurate and I wish to file an appeal. I understand that this appeal must be filed within 20 working days of receipt of the *HR Response to RSCR*.

Employee Name: _____	Bargaining Unit: <input type="checkbox"/> UMPSA <input type="checkbox"/> Non-Represented
Current Job Title: _____	EMPLID: _____
Department: _____	Phone #: _____
Employee Signature: _____	Date: _____

Employee Instructions

1. Please state below exactly what part(s) of the campus HR Office decision you disagree with. Attach an additional sheet if necessary.
2. Fill in your name and EMPLID on Page 2.
3. Submit Page 1 and 2 to your Human Resources Office.

You will be provided with a written response from the System Appeals Committee (SAC) within 30 working days of receipt of the appeal.

For System Appeals Committee Use Only

Date Received by SAC: _____

Committee Members: _____

SAC has reviewed all the materials submitted and has made the following determination:

- SAC was unable to reach consensus and the appeal will be forwarded to an arbitrator.
- There has been no *Significant Change in Duties and Responsibilities*⁽¹⁾ for this position. This RSCR appeal denial ends the review process.
- There has been a *Significant Change in Duties and Responsibilities*⁽¹⁾ for this position. Changes to the Job Family, Point Factors and/or Salary Grade are identified on Page 2 of 2. These findings are final and binding.

⁽¹⁾ A *Significant Change in Duties and Responsibilities* is present when either changes will result in 1) increases in at least two factor ratings on the PFI and at least a 10% increase in the point value of the position, or 2) a change in Job Family assignment that affects the salary band.

Employee Name: _____

EMPLID: _____

For System Appeals Committee Use Only

	Family (1-19)	K (1-6)	License / Certification (Yes or No)	S (1-5)	I (1-6)	C (1-5)	W (1-4)	SP (1-7)	FR (1-4 Y or N)	Total Points	Salary Grade (01-10)
Current	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Revised	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

All fields must be completed.

Rationale for Decision: _____

Respectfully Submitted: _____
SAC Representative *Date*

SAC Representative *Date*

For Human Resources Use Only

Job Title: _____
 Current New

Position #: _____
 Current New

The following Minimum, Midpoint and Maximum values for the applicable Salary Grade, as a result of the RSCR appeal, are as follows:

Minimum	Midpoint	Maximum
\$ _____	\$ _____	\$ _____

The employee's position warrants the minimum of a 5% salary adjustment. The following adjustment will be made: *(Check only one.)*

- Employee will receive the minimum 5% salary adjustment resulting in placement above the minimum and no more than the maximum of the salary band.
- Employee will receive a 5% salary adjustment resulting in placement above the maximum of the band. *(Employee's hire date must be prior to 01/01/2005.)*
- Employee will receive less than a 5% salary adjustment. *(The University must provide the Association⁽²⁾ with information concerning the exceptional nature of the circumstance.)*
- Employee will receive a salary adjustment resulting in placement of at least the minimum and no more than the maximum of the salary band.

Increase: _____ % New Monthly Salary: \$ _____ Effective Date:⁽³⁾ _____

Respectfully Submitted: _____
HR Representative *Date*

cc: Personnel File, Employee, Supervisor, and UMPSA⁽²⁾

⁽²⁾ If employee is a represented professional, send the form to the Chair of the Salary Committee, MEA, 1349 Broadway, Bangor, Maine 04401.
⁽³⁾ Any change shall become effective on the date the completed review request was submitted by the employee to the appropriate supervisor.