



BAND/JOB FAMILY APPEAL
North Dakota University System
Refer to NDUS Human Resource Policy 14

Name of Employee: Position #:		NAID #:
Current Job Family Title:		Job Family #:
Campus:	Division:	
Department:	Unit:	
Work Mailing Address:		Work Phone #:

PART A	TO BE COMPLETED BY APPELLANT. (ATTACH ADDITIONAL SHEETS IF NEEDED)
<p>Indicate band/job family specification-related items, which form the rationale for your disagreement with the band/job family assignment decision.</p> <p>_____</p> <p>Signature of Appellant Date</p>	

PART B	TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF THE APPELLANT. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)
<p>State your agreement/disagreement with the appeal and your rationale.</p> <p>_____</p> <p>Signature of Immediate Supervisor Date</p>	

Part C	TO BE COMPLETED BY DESIGNATED INSTITUTIONAL REPRESENTATIVE. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)
<p>State your agreement/disagreement with the appeal and your rationale.</p> <p>_____</p> <p>Signature of Designated Institutional Representative Date</p>	

Part D	NDUS HUMAN RESOURCE COUNCIL RESPONSE. Effective Date: _____
<p>_____</p> <p>Signature Date</p>	