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)*

Indicate band/job family specification-related items, which form the rationale for your disagreement with the classification decision.

_____

Signature of Appellant Date

PART B TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF THE APPELLANT. *(ATTACH ADDITIONAL SHEETS IF NECESSARY.)*

State your agreement/disagreement with the appeal and your rationale.

_____

Signature of Immediate Supervisor Date

Part C TO BE COMPLETED BY DESIGNATED INSTITUTIONAL REPRESENTATIVE. *(ATTACH ADDITIONAL SHEETS IF NECESSARY.)*

State your agreement/disagreement with the appeal and your rationale.

_____

Signature of Designated Institutional Representative Date

Part D NDUS HUMAN RESOURCE COUNCIL RESPONSE. **Effective Date:** _____

_____

Signature Date