

COMPENSATION SYSTEM APPEAL REQUEST

Employee Name: _____ Date of Appeal Request: ____ / ____ / ____

Request:

(Please use the space below to explain your compensation system request.)

Rationale:

*(Please use the space below to provide the rationale for the compensation system request noted above.
Please attach additional pages/documentation if necessary.)*

Employee Signature: _____ Date: ____ / ____ / ____

Human Resources Use Only

Date Received: ____ / ____ / ____ Date Reviewed: ____ / ____ / ____

Current Compensation Category/Market Band: _____

Determination: _____



One Team, One District, One Community
Fort Atkinson High School | Fort Atkinson Middle School
Barrie Elementary | Luther Elementary | Purdy Elementary | Rockwell Elementary



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