REQUEST FOR ADMINISTRATIVE REVIEW
OF INITIAL PRICING ACTION

HRD 276
08/11/03

I. REQUESTOR
Employee Name
Name of Representative and organization, if any

II. INITIAL PRICING ACTION DISPUTED (Attach copy of HRD-1 and HRD notification letter)
Pos. No. ____________________ Dept. ____________________
New Class Title, Class Code, Pay Grade, BU, effective date ____________________
Date of HRD notification of new class establishment ____________________

III. INITIAL PRICING ACTION REQUESTED
Change pay grade to: ______________________________________________________

IV. REASONS FOR REQUESTING PAY GRADE CHANGE. Must include comparison of new class with other civil service classes in the same bargaining unit. (attach additional sheets if necessary)

Employee Signature ___________________________ Date _______

Union Representative Signature ___________________________ Date _______